

**Riverside Unified School District
Certificated Employees
Catastrophic Leave Bank Enrollment Form**

*You must have **more than 10** days of sick leave and at least one year of service to enroll.*

**You only need to enroll once during your career at RUSD unless the
Catastrophic Leave Bank requires a special assessment.**

*Submit this form no later than October 8 to Riverside City Teachers Association
via your Rep, District mail or to 3556 Central Avenue, Riverside 92506.*

Employee number: _____

Name: _____
Last First Middle initial

School site: _____ Years in District: ____ Hours worked per day: ____

Current accumulated sick leave hours: _____ (See latest pay warrant)

Please indicate the number of days you wish to donate to the Catastrophic leave bank.
The minimum donation is one (1) day and the maximum is five (5) days.

I am donating _____ day(s).
I understand that this donation is irrevocable.

I further understand that this donation adheres to the Catastrophic Leave Bank provisions in the contract. To the best of my knowledge, the above information is correct.

Signature: _____ Date: _____

FOR OFFICE USE

Date Received: _____

Approved: ____ Disapproved: _____ Reason: _____