

Hayward Education Association

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CATASTROPHIC LEAVE BANK CONTRIBUTION FORM

Please **PRINT LEGIBLY**. **CHECK** appropriate box for donation. **READ** the agreement carefully. **SIGN** and **DATE** below. **FORWARD** to HEA Office by fax, scan or district mail.

Name: _____	H/C Phone: _____
School Site: _____	Personal E-mail: _____
HUSD Employee # _____	or SSN _____ - _____ - _____

- Specific Donation for** _____ **Site** _____
_____ day(s) contributed (Can be processed only if a "Request" form has been submitted by this specific certificated employee.)
- General Leave Bank Contribution**
_____ day(s) contributed

As a member of the Hayward Education Association (HEA), I wish to contribute from my annual illness/injury leave to the HEA Catastrophic Sick Leave Bank and I agree to the following, pursuant to *Agreement between HUSD and HEA, Article 11: Leaves of Absence, Section Q (pg. 48)*:

1. I acknowledge that my contribution is **voluntary** and **irrevocable**;
2. I pledge that I shall ***not*** initiate any demand, claim, or cause of action alleging that my contribution to the bank should be rescinded and;
3. I hold the District, HEA and their agents ***harmless*** against any suit or administrative claim alleging that the sick leave bank is unlawful or that my contribution to the bank was unlawful and should be returned, and;
4. When donating days to a specific individual, I understand that any days not used by the individual may be ***transferred*** to the Catastrophic Leave General Bank.

Member Signature: _____ **Date:** _____

HEA President: _____ **Date:** _____