

CATASTROPHIC LEAVE CONTRIBUTION FORM

Please complete the entire form. CHECK appropriate box for donation. READ the agreement carefully.
SIGN and DATE below. Email form to HEA office at office@heahayward.org.

Contributor's Name: _____	Phone: _____
School Site: _____	Personal Email: _____
HUSD Employee # _____	or Last 4 of 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. 49)*:

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I shall ***not*** initiate any demand, claim, or cause of action alleging that my contribution to the bank should be rescinded and;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:** _____