

## CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT Office of HR - Benefits Sick Leave Donation Transfer Form



## **Sick Leave Transfer Policy**

- Full-time faculty with an accrued minimum of forty (40) sick days may donate one (1) or two (2) days a fiscal year to another employee. Full-time classified and management must retain a minimum of forty (40) days of accumulated sick leave on account with the District.
- The sick leave transfer agreement allows Part-time Faculty with an accrued minimum of seventy-two (72) hours of accumulated sick leave on account with the District to donate up to six (6) hours to another employee. A donation of a full-time sick leave day from a full-time employee to a Part-time Faculty member is the rate of six (6) hours of part-time sick leave per one (1) day. Your donation will not be deducted until it is used by the recipient. A recipient may not receive more than thirty (30) days of donated leave per fiscal year.
- Part-time Classified donations are prorated based on assignment.

The Office of Human Resources shall keep the identities of those donating sick leave confidential.

Recipient's Name:				
Recipient's name:				
Donor's Information:				
Donor's Name:		SSN # / W#:		
Category:				
☐ Full-time Faculty ☐ Part-tim	e Faculty	☐ Confidential/Supervisory	□ Administrator	
I choose to transfer	day(s) of sick day credi	ts. Verified by 8	& date	
<ul> <li>Transfer conditions:</li> <li>The transfer must be in units of one (1) day for all employees except Part-time Faculty, who may transfer in units of one (1) hour;</li> <li>Donations are subject to the CLPCCD Board Policies and Administrative Procedures and Collective Bargaining Agreements; and</li> <li>Marital status or spousal consent must be completed below:</li> </ul>				
Check one:  ☐ I am legally married; If yes, your spouse must complete next section. ☐ I am not married; ☐ I am legally married and I do not know the whereabouts of my current spouse; ☐ I and my spouse have executed a marital settlement (pre-nuptial) agreement pursuant to Title II of Part 5 of Division 4 of the California Civil Code or a predecessor statue, if applicable, which makes my earnings my separate property.				
I have read and understand the above-noted conditions.				
Donor's Signature:		Date: _	/	
Spousal Consent:				
I,, declare under penalty of perjury that  I am the legal spouse of				
I have been informed of my spouse's transfer of sick leave which is an irrevocable donation to a district specific individual designated as terminally ill or has a serious health condition; and, I hereby consent to this transfer by my spouse.				
Donor's Spouse Signature:		Date: _	//	

## SUBMIT ORIGINAL FORM TO: OFFICE OF HR BENEFIT'S OFFICE

Reference: Article 11A.7 - Faculty Agreement; SEIU Agreement 17.2.7; CLPCCD AP 7345