

GLENDALE COMMUNITY COLLEGE  
CATASTROPHIC ILLNESS/INJURY DONATION FORM

Please take this form to Payroll for processing

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Location or Phone/Extension

\_\_\_\_\_  
Current Position

\_\_\_\_\_  
Social Security Number

I hereby contribute \_\_\_\_\_ hours or \_\_\_\_\_ days of sick leave to the Catastrophic Illness/Injury Leave Bank. I attest that I am maintaining at least a seventy percent (70%) balance in my sick leave hours. I understand that my contribution shall be deducted from my current sick leave balance and is irrevocable. I also understand that the final determination of assigning Catastrophic Illness Leave will be made by the Catastrophic Illness/Injury Committee.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Payroll Staff

\_\_\_\_\_  
Date Deduction Completed and  
Copy sent to Employee