

Mendocino County Office of Education (MCOE)
CATASTROPHIC LEAVE DONATION AUTHORIZATION

COMPLETE AND RETURN TO:
MCOE - HUMAN RESOURCES
2240 OLD RIVER ROAD
UKIAH CA 95482

I, _____ (Employee Donor's Printed Name), hereby donate leave credits pursuant to the applicable MCOE/MCFSE Negotiated Agreement for Certificated Employees, Article VI, Section U, or Classified Employees, Article VI, Section N, Catastrophic Leave. I understand that I cannot donate eligible sick leave credits unless I have more than twenty (20) days of accumulated sick leave on record with MCOE.

Employee Donor's Employee ID Number: _____

The minimum donation allowed is 8 hours. Hours in excess of 8 hours may be donated in one hour increments. Donations of less than 8 hours total will not be processed.

[] Vacation Hours: _____

[] Sick Leave Hours: _____

Recipient Employee: _____
(Printed Name)

Neither MCOE nor the Mendocino County Federation of School Employees (MCFSE) has made any statements, representations, or taken any actions, or in any way influenced my decision to donate leave credits as requested. I assume all risks associated with my donation as provided herein and take full responsibility regarding any and all loss of benefits, penalties, liabilities, or obligations I might have, if any, for matters including those relating to: state or federal income taxes; state or federal gift taxes; retirement benefits under STRS or PERS; social security benefits; difference pay under Education Code Section 94977, 45191, 45195, and 45196; transfer to another educational agency under Education Code Sections 44979, 44980 or 44982, 45202; industrial accident leave pursuant to Education Code Section 44984 and 45192; disability allowances under Education Code Section 44986; and any other leaves and/or benefits.

Further, I assume all risks and take full responsibility and otherwise hold MCOE and MCFSE harmless for any and all statements, actions, and representations made to me regarding the above named employee's need for donated catastrophic leave no matter what the source or its apparent reliability.

I fully understand and agree that by donating accumulated leave credits as stated herein, I will no longer have any right to any of my donated leave credits at any future time under any circumstances once the donation is approved by MCOE; all donated leave credits are irrevocable.

Employee Donor's Signature

Date

FOR HUMAN RESOURCES USE ONLY

This donation of catastrophic leave credit is: [] approved [] denied

Signature of Human Resources Administrator

Date