



**Catastrophic Sick Leave Transfer Form**

Name (Print):	Empl ID.:	Work Location:
Job Classification:	Job Title:	

I wish to donate                      sick leave hours and/or                      vacation hours

**SPOUSAL, DOMESTIC PARTNERSHIP, CONSENT OR MARITAL STATUS DECLARATION**

I, \_\_\_\_\_, declare under penalty of perjury that: I am the legal spouse/registered partner of \_\_\_\_\_ . I have been informed of my spouse's/domestic partner's donation/transfer of sick leave/vacation hours for use by catastrophically ill bargaining unit member of SFUSD and I hereby consent to this donation/transfer by spouse/domestic partner.

\_\_\_\_\_  
Spouse/Domestic Partner Signature                      Date

-OR-

I, \_\_\_\_\_, declare under penalty of perjury that

- I am not married and do not have a registered domestic partner.
- I do not know, and I have taken all reasonable steps to determine the whereabouts of my current spouse or domestic partner.
- I and my current spouse or domestic partner have executed an agreement which makes my earnings my separate property.

\_\_\_\_\_  
Donor's Signature                      Date

I declare under penalty of perjury that I have not and will not solicit or accept any compensation, directly or indirectly, for sick leave/vacation hours that I am donating/transferring. I further declare that I am donating/transferring the sick leave/vacation hours of my free will and not under threat or coercion by any individual.

\_\_\_\_\_  
Donor's Signature                      Date

**FOR HUMAN RESOURCES USE ONLY**

**DONOR**

\_\_\_\_\_ hourly rate x \_\_\_\_\_ # of hours donated = \_\_\_\_\_ equivalent earnings

**RECIPIENT**

\_\_\_\_\_ equivalent earnings / \_\_\_\_\_ recipient hourly rate = \_\_\_\_\_ equivalent hours donated