SAN FRANCISCO UNIFIED SCHOOL DISTRICT
Classified
Donor's Sick Leave Transfer Form

SFUSD

DONOR CONDITIONS:

- Donor must retain at least 40 hours of sick leave after the donation is made.

TRANSFER CONDITIONS:

- Marital Status Declaration or Spousal/Domestic Partner Consent must be completed below.
- All donations are irrevocable.
- Donations are subject to the UESF/SFUSD Paraprofessionals Contract.

1. I have read and do understand the above conditions
   - ❒ I wish to become a member of the Sick Leave Bank and donate _____ sick leave days to the SFUSD/UESF certificated Sick Leave Bank
   - ❒ I am already a member and wish to donate _____ additional sick leave days to the SFUSD/UESF certificated Sick Leave Bank.
   - ❒ I am already a member and wish to donate _____ sick leave days to _____.

     Individual's Name

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

_____ _____ _____
Donor's Name (Print Name) Donor's Signature Date

_____ _____
Donor's Employee Identification Number Donor's Work Location

3. **SPOUSAL/DOMESTIC PARTNERSHIP/CONSENT OR MARITAL STATUS/DOMESTIC PARTNERSHIP/DECLARATION**

I, _____, declare under penalty of perjury that:
Print Name

I am the legal spouse/registered domestic partner of _____.
Print Donor's Name

I have been informed of my spouse's/domestic partner's transfer of sick leave as an irrevocable donation to a Sick Leave Bank for use by catastrophically ill classified employees of the SFUSD and I hereby consent to this transfer by my spouse.

_____ _____
Spouse/Domestic Partner Signature Date

-OR-

I, _____, declare under penalty of perjury that:
Print Name

- ❒ 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

Donor: Please keep a copy for your records and send the original directly to the attention of the Labor Relations, SFUSD, 555 Franklin Street, 3rd Floor, San Francisco, CA 94102.