



**SAN FRANCISCO UNIFIED  
SCHOOL DISTRICT  
Certificated**



**Donor's Sick Leave Transfer Form**

**DONOR CONDITIONS:**

- Donor must retain at least 10 days of sick leave credit 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 Teachers' 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 certificated 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, 3<sup>rd</sup> Floor, San Francisco, CA 94102.