



SFUSD/UESF CLASSIFIED
SICK LEAVE BANK DONOR APPLICATION

DONOR CONDITIONS:

- Donor must retain at least 25 hours of sick leave credit after the donation is made (Article 11.1.7.3).

TRANSFER CONDITIONS:

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

1. I have read and understand the above conditions.
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 sick leave hours of my own free will and not under the threat or coercion.

Selection	Please mark your selection in the box to the left. On the right side box enter the number of hours you are donating.	Number of hours donated
	Per Article 11.1.7.2, I am donating 5 hours to become a member of the UESF Classified Sick Leave Bank (SLB). Per Article 11.1.7.3, after this donation, I will have at least 25 hours (5 hours if employee works 4 hours per day) remaining in my account.	
	Per Articles 11.1.7.3.3, I am already a member of the UESF classified SLB, and would like to donate 5 hours for another UESF classified member to become a member of the bank. Per Article 11.1.7.3, after this donation, I will have at least 25 hours (5 hours if employee works 4 hours per day) remaining in my account. Name of member you are donating for: _____	
	Per Article 11.1.7.3.3, I am already a member of the UESF Classified SLB, and would like to donate additional days to another UESF classified member who is already a member of the UESF Classified SLB. Per Article 11.1.7.3, after this donation, I will have at least 25 hours (5 hours if employee works 4 hours per day) remaining in my account. Name of member you are donating days for: _____	
	Per Article 11.1.7.5.2, I am already a member of the UESF Classified SLB, and would like to donate additional hours to the UESF Classified SLB.	
	Total hours donated :	

Donor's Name (Print Name)

Donor's Signature

Date

Donor's Employee Identification Number

Donor's Work location

3. SPOUSE / DOMESTIC PARTNER CONSENT DECLARATION:

I _____ declare under the penalty of perjury that I am the legal spouse or domestic partner of
Print spouse/ partner's name

_____. I consent to this donation _____
Donor's name Signature Date

OR

___ I am not married and do not have a registered partner.

___ I do not know, the location of and have taken all reasonable steps to locate my spouse or domestic partner.

___ I and my current spouse or domestic partner have executed an agreement which makes my earnings separate property.

Donor: Keep a copy for your records AND send the original to Labor Relations, SFUSD, 555 Franklin Street, Room 306, San Francisco, CA 94102