



SFUSD/UESF CERTIFICATED  
SICK LEAVE BANK DONOR APPLICATION



DONOR CONDITIONS:

- Donor must retain at least 6 days of sick leave credit after the donation is made (Article 10.2.5.3.1).

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 Teachers' 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 days that I am transferring. I further declare that I am transferring sick leave days 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 days you are donating.	Number of days donated
<input type="checkbox"/>	Per Article 10.2.5.3.1, I am donating one day to become a member of the UESF Sick Leave Bank (SLB). Per Article 10.2.5.2.1, after this donation I will have at least six (6) sick days remaining in my account.	
<input type="checkbox"/>	Per Articles 10.2.5.2.1 & 10.2.5.3.3, I am now a member of the UESF SLB, and would like to donate one day for another UESF certificated member to become a member of the bank. Per Article 10.2.5.2.1, after this donation I will have at least six (6) sick days remaining in my account. Name of member you are donating for: _____	
<input type="checkbox"/>	Per Article 10.2.5.3.3, I am already a member of the UESF SLB, and would like to donate additional days to another UESF member who is already a member of the UESF SLB. Name of member you are donating days for: _____	
<input type="checkbox"/>	I am already a member of the UESF SLB, and would like to donate additional days to the UESF SLB.	
	Total days 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**