

APPENDIX E

**ORANGE UNIFIED SCHOOL DISTRICT
SICK LEAVE BANK
IRREVOCABLE DEPOSIT**

This deposit to the District's Classified Sick Leave Bank for classified employees is made pursuant to the provisions of Article 6.1200 of the Collective Bargaining Agreement.

I hereby irrevocably deposit to the District's Classified Sick Leave Bank.

_____ DAYS OF MY ACCUMULATED SICK LEAVE

_____ DAYS OF MY ACCUMULATED VACATION TIME

I understand that the aforementioned number of days of paid sick leave/vacation time will be deducted from my accrued sick leave and/or vacation. No classified employee may donate sick leave days which are more than 50% in excess of ten (10) days of earned sick leave.

Dated this _____ day of _____ 20_____

Name (Please Print)

Employee ID#

Signature

Do Not Write Below This Line.

APPROVED

DISAPPROVED

COMMENTS: _____

SIGNATURE: _____ DATE: _____

Director, Human Resources