

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