



Columbus City Schools Catastrophic Sick Leave Donation Form

CCS Talent Department
3700 South High Street
Columbus, OH 43207
Phone: 614-365-6791
Fax: 614-365-4044

EMPLOYEE INFORMATION:

_____ LAST NAME	_____ FIRST NAME	_____ MI	<div>EMPLOYEE ID NUMBER</div>
--------------------	---------------------	-------------	-------------------------------

I WISH TO DONATE SICK LEAVE TO:

_____ LAST NAME	_____ FIRST NAME
--------------------	---------------------

I AM A MEMBER OF:

___ CEA, AND WISH TO DONATE _____ DAYS

___ CSEA/OAPSE, and WISH TO DONATE _____ HOURS

Signature of Donating Employee: _____ Date: _____

SUBMIT FORM TO LEAVESOFABSENCE@COLUMBUS.K12.OH.US OR FAX TO 614-365-4044

CONTACT LEAVESOFABSENCE@COLUMBUS.K12.OH.US OR 614-365-6791 WITH QUESTIONS

NOTES:

- An employee must be approved for catastrophic leave donations to receive sick leave donations.
- Only members of the same bargaining unit can donate sick leave to another member in the same bargaining unit.
- Donations are processed in the order they are received. If the employee receives the maximum amount of days approved your donation will not be processed.