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

MY INFORMATION:

LAST NAME	FIRST NAME	MI	EMPLOYEE ID NUMBER

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

If the person receives all needed donations, I would like:

___ My excess donations returned to me

___ My excess donations to go to other employees approved for catastrophic leave that still need donations.

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.