Fresno Unified Classified Employees Chapter



SEIU Stronger Together



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We Need Your Help

Denise Gallman, a bus driver, has been approved for Catastrophic Leave, but needs your help. Denise is about out of time and wishes to request more donations. Please donate any sick leave time that you can spare for Denise by using the form on the back.

The first donation must be an 8 hour block, but after that it can be hourly. Our contract states in Article 18 Leave Provisions, Miscellaneous #3, that donating leave to another employee shall not otherwise preclude eligibility of P.A.D. (Perfect Attendance Day Incentive).





Sick Leave Donation For Catastrophic Illness/Injury

Fresno Unified School District Division of Human Resources

TRANSFER CONDITIONS:

Transfers must be at a minimum of one (1) day as defined by the number of hours the donating employee works during a regular contracted day and in hourly increments thereafter. (For the purposes of this program only, the teacher work day shall be considered to be equivalent to 8 hours.)

- A maximum of 5 days for daily-rate and 40 hours for hourly-rate employees may be transferred.
- All transfers are irrevocable.
- According to Collective Bargaining Agreement and Memorandum of Understanding between the District and each respective
 union, the specified number of days MUST be retained by the donor employee.
 - o CSEA employees: Donor must retain 12 days of leave for the donor's own personal use.
 - SEIU employees: Donor must retain 40 hours of leave for the donor's own personal use
 - o FTA Daily Rate Employees (Teacher): Donor must retain 8 days of leave for the donor's own personal use.
 - o FTA Hourly Rate Employees: Donor must retain 64 hours of leave for the donor's own personal use.

Donor Name:	-	
First	Middle	Last
treet Address:City/State/Zip Code:		e/Zip Code:
Home Phone:	Work Phone:	
Job Title:	Site/Location:_	
Employee ID #:		•
EXCLUSIVE AC	COUNT NUMBER TO WHICH SICK LEAVE:	YOU WISH TO TRANSFER
	189	
NUMBER OF HOU	URS/DAYS YOU WISH TO TRAI NUMBER:	NSFER TO THIS EXCLUSIVE
	Hours/Da	ys (please circle one)
	sick leave for all purposes including accrua	ive number shown above. As these hours are used, al of vacation credits, sick leave, retirement service;

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 the sick leave days of my own free will and not under threat or

Signature:

coercion by any individual. I have read and understand the conditions above.

Date: