



CUESTA COLLEGE FEDERATION OF TEACHERS



Catastrophic Leave Bank

Sick Leave Balance Deduction Authorization



I hereby authorize the Cuesta College Human Resources Office to deduct annually from my accrued sick leave balance the amount of sick leave days stated below to the Cuesta College Federation of Teachers Catastrophic Leave Bank, according to the provisions of Appendix D of the CCFT / SLO County Community College District contract.

I understand that this authorization shall remain in effect until I revoke it in writing to the CCFT Secretary and the Cuesta College Human Resources Office and shall be effective immediately following its submission to the employer.

I have read the Catastrophic Leave Bank *Frequently Asked Questions* by CCFT, and I understand that I am responsible for being knowledgeable of all of the provisions governing the Catastrophic Leave Bank, as written in Appendix D of the CCFT/District contract.

Print name

Spell out the number of days you are contributing annually*

Signature

Today's date

Social Security Number

Return this completed and signed form to Mark Tomes, DSPS, Cuesta College, P.O. Box 8106, SLO, CA. 93403-8106

Thank you.

* Part-time faculty members' "days" will be pro-rated based upon the percentage load for that faculty member for each subsequent semester employed by Cuesta College.

CCFT Secretary Use Only:

Received _____ Notification sent for database entry _____ Original to HR: _____