

Application to Donate Leave to the Catastrophic Sick Leave Bank Program

The Catastrophic Sick Leave Bank is a pool of sick leave and annual leave voluntarily donated by individuals who are employed full-time on an annual salary basis for potential use as leave by eligible full-time employees who are also donors to the bank.

I. Criteria for Membership

1. You must be in a full-time title employed on an annual salary basis.
2. You must donate at least one day of annual leave or sick leave each program year (September 1 to August 31).
3. If you have fewer than five (5) years of full-time continuous CUNY service, you may donate only annual leave. If you have five (5) or more years of full-time continuous CUNY service, you may donate annual leave (without limitation) and/or sick leave up to ten (10) sick leave days per program year. In order to donate sick leave, you must maintain a sick leave balance of at least twenty-four (24) days. Please note that as set forth in Section IV.12 (Program Requirements) of the CSLB Program, CUNY reserves the right to limit the number of CSLB days employees are allowed to donate to the bank per program year and/or the number of donated CSLB days that may be kept on reserve in the bank.

II. Program Requirements

1. An open enrollment period for leave donations will be held for one month each program year, *i.e.*, September 1 through August 31. The enrollment period will be October of each program year.
2. After the initial enrollment, deductions of the same type and amount of leave will be automatically continued on an annual basis, unless you request a change. Any request to withdraw from the CSLB Program or to make changes in the amount and/or type of leave to be donated must be submitted in writing to the University Office of Shared Services during the annual open enrollment period; changes may not be made at any other time.
3. If you had previously elected to donate sick leave to the bank but your sick leave balance has fallen below twenty-four (24) days as of any given open enrollment period, the type of leave *deducted will be converted to annual leave, if you are eligible to accrue annual leave.*
4. All leave donated to the bank is irrevocable.
5. Each day of annual leave donated to the CSLB will be debited from your leave balance as one (1) full day and will be credited to the bank as one (1) full day. Each day of sick leave donated will also be debited from your sick leave balance as one full day but will be credited to the bank as one-half (1/2) day.

To be Completed by the Employee

If you believe you are eligible and wish to donate annual leave and/or sick leave, please complete and sign the section below:

Name _____

Home Address _____

CUNYfirst ID: * _____

Title: _____

College/Department: _____

* If you don't know your CUNYfirst ID, please contact your College Office of Human Resources.

I wish to donate: _____ day(s) of sick leave each program year.

I wish to donate _____ day(s) of annual leave each program year.

PLEASE NOTE THAT YOUR DONATION OF SICK LEAVE MAY ADVERSELY IMPACT YOUR TRAVIA OR TERMINAL LEAVE BENEFIT. YOU ARE ADVISED TO CONSULT WITH YOUR COLLEGE OFFICE OF HUMAN RESOURCES.

Please return this application to your College Office of Human Resources before the end of the enrollment period. The College Office of Human Resources will notify you of your eligibility to donate to the CSLB.

I hereby acknowledge and understand that my decision to donate sick leave and/or annual leave to CUNY's Catastrophic Sick Leave Bank is irrevocable and that the donated leave will not be returned to me, unless it is determined that I am ineligible to donate leave.

I also acknowledge and understand that my College's Office of Human Resources will continue to make automatic deductions as specified herein from my time and leave accruals on an annual basis provided that I maintain eligibility and have not withdrawn from the CSLB Program or made any changes during an open enrollment period to the type or amount of leave to be donated.

I further acknowledge and understand that I have not been coerced nor am I receiving any benefit express or implied, in return for the donated sick leave and/or annual leave, other than my ability to participate in the bank; and that my donation may impact my Travia or Terminal Leave Benefit.

Employee Signature: _____ Date: _____

III. To Be Completed by the College Human Resources Director or Designee

Employee ☐ is ☐ is not employed in a full-time title on an annual salary basis.

For employees wishing to donate sick leave:

- Employee's current sick leave balance is_____.
- Employee's Most Recent Date of Hire_____.
- Employee ☐ has ☐ does not have at least five (5) years of full-time continuous CUNY service

Note: Employees found ineligible to donate sick leave may file a revised application before the end of the enrollment period to donate annual leave, if otherwise eligible.

Application ☐ approved ☐ not approved

Signature of College Human Resources Director or Designee:

Name

Signature

Date