

Barstow Unified School District
Personnel Services

CATASTROPHIC LEAVE PROGRAM
Irrevocable Deposit

This deposit to the District's Catastrophic Leave Program for participating District Employees is made pursuant to the provisions of Education Code 44043.5, and Board Policy P4161.9.

I hereby irrevocably deposit to the District's Catastrophic Leave Program _____ days / hours
(Circle one)
of my accumulated sick / vacation leave, to be credited to _____
(Circle one)

I understand that the aforementioned number of days of paid leave will be deducted from my accrued sick/vacation leave. I further understand that my deposit is irrevocable and cannot be rescinded for any reason whatsoever, and upon retirement I shall not be entitled to receive credit pursuant to Education Code 44043.5 for days previously deposited into the Catastrophic Leave Program.

I agree to hold harmless the District and Association for any and all claims and liabilities arising out of performance of Board Policy P4161.9 of the Barstow Unified School District.

Dated this _____ day of _____, 20 ____.

Printed Name of Employee

Social Security Number

Signature of Employee

Approved _____
Superintendent or Designee