

# Moreno Valley Educators Association

MVEA



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cta

nea

**TO:** Dr. Robert Verdi, Director of Human Resources

**FROM:** \_\_\_\_\_, MVEA Member Donating Sick  
(YOUR NAME HERE)

**RE:** Catastrophic Leave Donation

**DATE:** \_\_\_\_\_

*I have 10 days or more of accrued sick leave.*

**I wish to donate \_\_\_\_\_ day(s) of my accrued sick leave to the following unit member.**

**MEMBER NAME DONATING TO:** \_\_\_\_\_

I am doing so with the understanding that time donated will be for the designated staff member or, if not used by this member, will be added to the bank for future member use.

Once donated, I understand the time cannot be retrieved.

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Cc: Harold Acord, MVEA**