

REQUEST FOR CATASTROPHIC LEAVE DONATIONS (CSLD)

(This request to be completed by the employee filing for CSLD.

You may display this request at your home school or you may mail it to other schools.

School addresses can be found in the Employee Directory.

Completed CSLD Application must be on file with the payroll department prior to this request.)

Today's Date _____

To: DeKalb County Teachers and Support Personnel

Re: Request for Catastrophic Sick Leave Donations

Requested by: _____

School: _____

Brief Explanation of reason/need for this request:

Expected length of leave:

Potential Donors:

- Must be members of the sick leave bank
- Must have a minimum sick leave balance of ten (10) days
- Must complete a donor form (available in the school office or online)

Send completed donor forms to the payroll department to
Janet Williams (jgwilliams@dekalbk12.org) or Crystal Williams (clwilliams@dekalbk12.org)