

The Catastrophic Sick Leave Bank is a pool of sick leave and annual leave donated by managers and other employees in titles not eligible for collective bargaining, in Mayoral agencies, for potential use as sick leave by eligible employees who are also donors to the bank.

**Criteria for Membership**

1. You must be a manager or in a title not eligible for collective bargaining.
2. You must donate at least one day of annual leave or sick leave each year.
3. If you have fewer than ten years of continuous, full-time City service, you may only donate annual leave.
4. If you have at least ten years of continuous, full-time City service, you may donate sick leave and/or annual leave. In order to donate sick leave, you must have a sick leave balance of at least 24 days (including managers' vested or non-managerial sick leave balances, as applicable).

**Program Requirements**

1. An open enrollment period for leave donations will be held for one month each program year and may be extended or reopened at the discretion of the administrator of the bank. The program year is January through December.
2. After initial enrollment, deductions of the type and amount of leave to be made annually will be automatically renewed. Withdrawals from the program, and changes in the amount and/or type of leave to be donated, may be made only during the open enrollment period by written request of the employee.
3. If the sick leave balance of an employee who has elected to donate sick leave falls below 24 days, the type of leave deducted will be converted to annual leave.
4. All leave donated to the bank is irrevocable.
5. Each day of leave donated to the bank will be debited from the donor's leave balance as one full day. However, each day of sick leave donated by a manager will be credited to the bank as one-third of a day and each day of sick leave donated by a non-manager will be credited as one-half day. Each day of annual leave donated will be credited to the bank as a full day.

**Note:** In order to receive a managerial lump sum payment for a portion of one's current sick leave, a manager must have at least 60 days of current sick leave.

**To be completed by employee**

Instructions:

- ♦ This is a fillable PDF form. Please note that information typed into this form may not be saved to your computer.
- ♦ If you believe you are eligible and wish to donate annual leave and/or sick leave, please complete the section below and then print, sign and date the application.
- ♦ Return the completed application to the Personnel Officer at your agency before the end of the enrollment period.
- ♦ Your agency will notify you of your eligibility within five (5) working days from receipt of the application.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Civil Service Title: \_\_\_\_\_

Title Code Number: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Agency Code Number: \_\_\_\_\_

City Start Date: \_\_\_\_\_

Sick Leave Balance (including managers' vested/non-managerial sick leave): \_\_\_\_\_

- I wish to donate \_\_\_\_\_ day(s) of sick leave each year.\*
- I wish to donate \_\_\_\_\_ day(s) of annual leave each year.\*
- I wish to change my donation of \_\_\_\_\_ day(s) of annual leave and /or \_\_\_\_\_ day(s) sick leave to \_\_\_\_\_ day(s) of annual leave and/or \_\_\_\_\_ day(s) of sick leave.\*
- I wish to withdraw from the Catastrophic Sick Leave Bank.

\*I understand that the above donation will be automatically renewed each year.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by Agency Personnel Officer**

- You are eligible for membership in the Catastrophic Sick Leave Bank. Your donation of \_\_\_\_\_ day(s) of annual leave \_\_\_\_\_ day(s) of sick leave will be reflected on your pay stub in and/or early 2026.
- You are not eligible for membership in the Catastrophic Sick Leave Bank because: \_\_\_\_\_
- You are not eligible to donate sick leave to the Catastrophic Sick Leave Bank because: \_\_\_\_\_ . If you wish to donate annual leave, please submit your new application before the end of the enrollment period.

Agency Personnel Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: DCAS Human Capital  
(for eligible donors only)