

TO: LANCASTER SCHOOL DISTRICT PAYROLL  
FROM: CERTIFICATED STAFF MEMBER  
RE: CATASTROPHIC LEAVE BANK

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You are hereby authorized to deduct \_\_\_\_\_ days of sick leave from my annual leave allotment for contribution to the Certificated Staff Catastrophic Leave Bank. I understand that one (1) day will automatically be deducted each year from my leave allotment until the Leave Bank exceeds one thousand (1000) days or I fill out the appropriate form for cancellation. Cancellation occurs automatically if I do not make my annual contribution.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

Please return this copy to the Payroll Office.

This will continue until revoked in writing by me or the maximum number of days are reached.