

YREKA UNION HIGH SCHOOL DISTRICT
400 Preece Way
Yreka, California 96097
530-842-6151

CERTIFICATED
- CATASTROPHIC MATERNITY LEAVE POOL
DONATION –

Employee's Name: _____

Number of Donated Days to the Catastrophic Maternity Leave Pool:
(not to exceed 10 Annually)

(COMMENTS) _____

Employee's Signature

Official use ONLY

_____ *Deducted from Employee's sick leave*