

**FULLERTON SCHOOL DISTRICT
Catastrophic Leave Program
REQUEST FOR SICK LEAVE BANK WITHDRAWAL**

Name _____ Work Site _____

Job Title _____ Employee ID _____

I am a member of the bank and I currently have a catastrophic illness/injury which causes me to be unable to work and will cause a financial hardship. I know the catastrophic leave days are drawn from the bank, per request, and will be used after all paid leave credits/sick days/vacation days are exhausted. Catastrophic illness or injury is defined as a severe illness or injury which is expected to incapacitate an employee due to the injury or the prolonged illness and which creates a financial hardship because the employee has exhausted all available leave credits including regular sick leave, 50% extended sick leave, vacation, and compensatory time.

First date of catastrophic illness _____

I will be expecting to return to work on date _____

Number of workdays requested _____ (not to exceed one month worth of workdays; typically, until your next medical evaluation appointment)

I have included the following documentation in support of my catastrophic leave withdrawal request:

_____ Medical certification from the attending physician indicating the incapacitating nature and probable duration of the illness/injury with an estimated date of return; should the physician indicate that you will not be able to return to work, prior to Sick Leave Bank approval, you must apply for disability or service retirement benefits if eligible.

_____ Written explanation of my illness/injury.

I have not applied for nor purchased any other benefits or disability insurance program or income protection program, which will result in my receiving more than 100% of my basic salary. I understand that if I have such additional income benefit, I must apply for that benefit before I am eligible for the Catastrophic Leave Program.

I understand that any fraudulent or inappropriate use of donated days will result in the return of all donated days to the bank and I authorize deduction from my paychecks any overpayment of wages caused by this return of days.

I waive any and all claims against the Board of Trustees, the District and its officers and employees, arising from the administration of the Catastrophic Leave Program.

Signed _____ Date _____

Return this form to Classified Personnel

-----FOR OFFICE USE ONLY-----

Member of the bank since _____ Meeting Date _____

Approved by: _____

District Administrator for Catastrophic Leave Committee

Number of days approved _____

Payroll _____

Date _____

Received by HR on:

NOTES: