

REQUEST FOR USE OF DONATED LEAVE HOURS

***California School Employees Association
Catastrophic Leave Program***

Name: _____ Date: _____

School/Site: _____ Position: _____ Hours Per Day: _____

Expiration date of accumulated sick leave: _____

Number of leave hours requested: _____

In making this request, I agree to repay the leave hours at the rate of two workdays per year in the event that I return to work.

Signature of Employee or Agent

Date: _____

Request Approved: _____
CSEA Catastrophic Coordinator

Date: _____

Important Notes:

- A donation to the Leave Bank is required in order to apply for leave hours.
- This request must be accompanied by a signed physician's or practitioner's statement indicating the nature of the illness or injury and the probably length of absence from work.
- The maximum allocation per employee or initial application is 20 work days at the contracted work hours. Extensions may be granted, in 20-work days at the contracted work hours allotments, up to a maximum of 60 work days at the contracted work hours in any school year.
- Part-time employees will receive leave hours in proportion to the percentage of time worked.
- For additional information, see Article 8.3 of the CSEA/RUSD Agreement