

RESCUE UNION FEDERATION OF TEACHERS
CATASTROPHIC LEAVE PROGRAM

REQUEST FOR USE OF DONATED LEAVE CREDITS

Name: _____ Date: _____

School: _____

Expiration date of accumulated sick leave: _____

Number of leave credits requested: _____

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

Signature of Employee or Agent

Date: _____

Request Approved: _____ Date: _____
RUFT Catastrophic Coordinator

Important Notes:

A donation to the Leave Bank is required in order to apply for leave credits.

This request must be accompanied by a signed physician's or practitioner's statement indicating the nature of the illness or injury and the probable length of absence from work.

The maximum allocation per employee on initial application is 20 days. Extensions may be granted, in 20-day allotments, up to a maximum of 60 days in any school year.

Part-time employees will receive leave credits in proportion to the percentage of time worked.

For additional information, see Article XXXI or the RUF1/RUSD Agreement.