

Classified Catastrophic Leave Application (Please review guidelines and procedures outlined on back of this Application Form)

Employee Name: Last, First (Please Print)	Site	Employee ID # (Optional)
I am requesting consideration of donated days or Catastrophic Leave options. I understand that participe (1) day to the Bank as outlined in CSEA Agreement A To apply for Option 1 or Option 2, I must have exhaust	sick days under or ation requires that I harticle 12.13.	ne of the three following classified have made a one-time donation of one
To submit a request to the Catastrophic Review Committee, please include the following attachments and check the appropriate box below:		
❖ Option 1 - Bank Days		
 A letter explaining your need for Catastrophic Bank Days. A physician's letter of verification. 		
☐ A "catastrophic illness" or "injury" means employee for an extended period of time, or to (as identified in CSEA Agreement Article 12. for an extended period of time to care for that	hat incapacitates an e 13) and requires the	employee's immediate family member
❖ Option 2 - Sick Leave Days		
 A letter explaining your need for use of addition A physician's letter of verification. 	al personal Sick Leav	ve Days.
☐ To care for the well-being of the employee's care for the employee's family member who		
Employee Signature	Date	
Personnel/Payroll	Department Use On	dy:
☐ Approved by committee ☐ Not approved by committee	committee	
Assistant Superintendent, Human Resources	Date	
Day(s) credited as requested above.		
Payroll Technician	Date	

12.13 Catastrophic Illness:

A "catastrophic illness" or "catastrophic injury" means an illness or injury that is expected to incapacitate the employee for an extended period of time. Catastrophic leave may not be used for elective surgery, personal necessity leave, or normal pregnancy.

Requests:

A permanent employee, after he or she has exhausted all of his or her paid leave benefits, including temporary disability benefits if applicable, may request up to thirty (30) additional consecutive days of paid sick leave in any one fiscal year as a result of catastrophic illness or injury. The employee may only request this provision once every five years. For employees working less than an eight (8) hour day, the "day" of sick leave shall be prorated based upon the number of hours the employee works per month.

The employee must submit a request for the additional days to the Assistant Superintendent of Personnel at least fifteen (15) working days before he or she expects to exhaust all available leave benefits. The Assistant Superintendent of Personnel shall determine if the illness or injury meets the appropriate criteria and shall then inform the CSEA President that an employee has requested catastrophic leave. The Assistant Superintendent of Personnel shall arrange for a meeting of the Review Committee that will review the request and make a recommendation. The Review Committee shall consist of two representatives selected by CSEA and two members selected by the district.

Contributions:

The district shall maintain a catastrophic leave reserve pursuant to Education Code 44043.5 for use by bargaining unit employees who have exhausted all paid leave entitlement due to a catastrophic illness or injury. The district shall credit the sick leave reserve with one (1) day of noncumulative sick leave for each day contributed by an employee. "Days" contributed by employees working less than an eight (8) hour day shall be calculated on a prorated basis. An individual bargaining unit employee may contribute up to a maximum of three (3) days per year to the sick leave reserve.

Those employees contributing days shall complete and sign a form indicating the number of days they wish to contribute as a deduction from their accrued sick leave. Employees wishing to contribute accumulated sick leave to the catastrophic leave reserve must retain no less than a full year's accumulated sick leave after the contribution. Once contributed, the days will remain in the sick leave reserve.