



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

Worker's Compensation-Extended Illness 1/3 2/3 Leave Sick/Vacation

Request

CLASSIFIED BARGAINING UNIT MEMBERS

To be completed by employee:

Employee Name: _____

Classification: _____

Per CSEA Chapter 243 Contract Agreement:

Section 9.4 Industrial Accident Leave: In addition to any other benefits that a Bargaining Unit Member may be entitled to under the Worker's Compensation laws of this state, Bargaining Unit Members shall be entitled to the following benefits:

9.4.1 Sixty Day Leave: A Bargaining Unit Member shall be entitled up to a maximum of sixty (60) days of paid leave of absence as a result of an industrial accident or industrial illness.

9.3 Extended Illness Leave: After all earned sick leave, vacation, accumulated compensatory time, or other paid leave is exhausted; additional non-accumulated leave shall be available beginning on the first (1st) day of absence due to illness or injury, **the sixty-first (61st) day** due to industrial accident or injury, for a period not to exceed five (5) calendar months. For leave purposes herein, the amount deducted from the Bargaining Unit Member's salary shall be the amount actually paid to a substitute employee employed to fill the Bargaining Unit Member's position during the leave. (Reference: Education Code 45196)

If your physician has not returned you to regular duty after exhausting Industrial Accident Leave then Extended Illness Leave will begin and your earnings will be compensated with 1/3 of your sick and/or vacation leave and with the remaining 2/3 indemnity from Hazzelrigg Claims Management, which is included in your regular paycheck.

If requested, effective **on day one (1) of your Industrial Accident Leave**, Family Medical Leave will commence, for a period of twelve (12) weeks, pursuant to Personnel Commission Rule 150.19. Personal FMLA leave will be calculated in the within the twelve (12) weeks.

Additionally, pursuant to Personnel Commission Rule 150.6.1 you have the right to request additional unpaid leave. If you wish to request additional unpaid leave, please be aware that any additional unpaid leave that you request is subject to Board of Trustees' approval.

When Extended Illness Leave begins, I choose the following:

Please utilize my sick leave only _____.

Please utilize my _____ sick leave and/or _____ vacation leave.

Employee Signature

Date