

For the future of every student

## REQUEST FOR USE OF CATASTROPHIC SICK LEAVE BANK

### Catastrophic Sick Leave

“Catastrophic Sick Leave” applies to an illness or injury that is expected to incapacitate an employee or an employee’s Child, parent or spouse, for an extended period of time, which must be for a minimum period of 30 consecutive calendar days, as deemed by the employee’s healthcare provider. A bargaining unit member may use catastrophic sick leave on an intermittent basis, as deemed appropriate by the Catastrophic Sick Leave Bank Committee.

**Please PRINT**

NAME:

DATE:

ADDRESS:

PHONE (HOME):

WORK:

CURRENT SITE:

POSITION:

Signature:

Email:

I would like to request use of the Catastrophe Sick Leave Bank. I understand that I must use all of my sick leave and vacation hours before I am eligible to enter the Catastrophic Sick Leave Bank.

*The Catastrophe Sick Leave Bank does not cover industrial accidents that occur on your job.*

I am presently under the care of Dr. \_\_\_\_\_, and have attached a current doctor’s note regarding my illness. If granted Catastrophic Leave Bank time apply as follows:  
(please check one)

- 40 days at full pay
- 80 days at half pay, to be used concurrently with Extended Sick (ES)
- 80 days at half pay, which will begin after your Extended Sick (ES) has been exhausted.

The Sick Leave Bank Committee will review your request and notify you by mail of their decision.

(The Sick Leave Bank Committee keeps all information confidential)

Please return this request form with your doctor's note to: [sickbank@venturausd.org](mailto:sickbank@venturausd.org)

<i>CSLB use only</i>	
<i>Date Received</i>	
<i>Doctor's note included?</i>	
<i>Yes</i>	<i>No</i>