Newport-Mesa Unified School District

Catastrophic Leave Bank Request Form

Name _____

Site/Department _____ Position _____

I request approval for catastrophic leave (Please check the type of Catastrophic Leave that you request):

- ❑ **District Catastrophic Leave Bank for employees**
  *The employee must have enrolled during open enrollment and donated one sick leave day to the Bank to be eligible.

- ❑ **Individual Catastrophic Leave Bank for employees**
  *Sick leave donations will be solicited in the employee's name from co-workers. The employee authorizes the District to use the applicant's name to request donations.

- ❑ **Individual Catastrophic Leave Bank for the employee's:**
- ❑ Spouse
- ❑ Child
  *This leave will be deducted from the employee's sick leave up to a maximum of 60 days. The employee must retain a minimum of 10 sick leave days

Please attach the physician's statement regarding the catastrophic illness or injury and anticipated time required for leave. The request cannot be processed without this statement.

Catastrophic illness or injury shall mean illness or injury that is expected to incapacitate the employee which requires the employee to take time off from work on a continuous or intermittent basis for an extended period of time, and taking time off work creates a financial hardship because the employee has exhausted all sick leave and other paid leave entitlements inclusive of differential pay.

Signature_____Date_____

My signature indicates understanding of the Catastrophic Leave Program. The Catastrophic Leave Committee reviews each request and will either approve, deny or request additional medical information.

RETURN FORM TO THE OFFICE OF HUMAN RESOURCES

Catastrophic Leave Committee Date of review_____

- ❑ Approved for _____ days
- ❑ Disapproved
- ❑ Request medical review

Cc: Bargaining Unit, Human Resources