



PLEASANT VALLEY SCHOOL DISTRICT
CLASSIFIED HUMAN RESOURCES/PERSONNEL COMMISSION
 District Office – 600 Temple Avenue, Camarillo, CA 93010
 (805) 445-8663

Request to Receive Catastrophic Leave Donations

****Submit this form to Classified HR at least 15 working days before exhausting all paid leaves****

Employee Information			
Employee Name : (First and Last Name)			
Job Title:			
Department/School:			
Estimated Dates for Catastrophic Leave:	Start	Expected Return	Extension to Original Request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Contact Information While on Leave:	Address		
	Phone	Email	
Important Information			
<p>The following requirements must be satisfied in order to qualify to receive catastrophic leave donations:</p> <ul style="list-style-type: none"> Employee is a permanent classified employee (not on probation, limited term, provisional or exempt status) Employee has catastrophic illness requiring time off from work for an extended period of time (short-term illnesses or injuries such as colds, flu, minor injuries or normal pregnancies are generally not deemed catastrophic) Employee must provide a letter, dated and signed by their treating physician, indicating the nature and probable duration of the catastrophic injury or illness Employee has exhausted all available sick leave, vacation leave, and other paid time off (with the exception of extended sick leave) 			
<p>Summary of the Employee's Circumstances. <u>This information will be published Districtwide in order to request donations, if request is approved.</u></p> <div style="border: 1px solid black; height: 200px; margin-top: 10px;"></div>			
Employee Certification			
<p>I understand that information provided in the above "Summary of the Employee's Circumstances" will be released to all employees of the district in order to request leave donations. Requests for catastrophic leave will be reviewed by the Catastrophic Leave Committee. Determination of eligibility is based on the following considerations: (A) the employee is unable to work due to the employee's catastrophic illness or injury; and (B) the condition will necessitate the employee's extended absence from work; and (C) the extended absence from work will create a financial hardship; and (D) the employee has exhausted all accrued paid leave credits. I understand that the Committee may request a variety of information to verify the catastrophic injury or illness.</p>			
Employee Signature:			Date: