

OXNARD SCHOOL DISTRICT OEA CATASTROPHIC SICK LEAVE BANK



REQUEST TO USE CATASTROPHIC SICK LEAVE BANK

I wish to withdraw sick days from the Catastrophic Sick Leave Bank for OEA members in accordance with Article VI of the OEA/OSD Contract.

Emplo	byee Name	Work Site	Phone Numbe	÷r
Home	Address	City	Zip Code	
Reaso	on for Request:			
Requ	0	is attached. strophic illness or in	catastrophic illness or ury of a family member	
Employee Signature		Da	te	
<u>Eligib</u>	<u> bility Requirements</u>			
	 Must expect to be incapacitated by the illness or injury for over ten (10) consecutive dut days. Must have used all available sick leave. Must have donated one day of sick leave annually to the Bank during the designated 			
4.	enrollment period.	ersonal health circu , personal necessity	mstances of self or fam	ily member, not
	n Taken: est for leave is Appro	oved Denied	for days.	
Asst.	Sup., Human Resources	OEA Presider	nt	Date