



SANTA PAULA UNIFIED SCHOOL DISTRICT

Committed to Serving Every Student Every Day

CERTIFICATED PERSONNEL REQUEST FOR CATASTROPHIC SICK LEAVE CREDITS ARTICLE 18: When employee "...has exhausted all fully-paid sick leave credits."

NAME: _____ PHONE # _____

POSITION: _____

WORK SITE: _____ DATE OF HIRE: _____

FULL-TIME: _____ PART-TIME: _____ LAST DAY WORKED: _____
(Specify Percentage)

Explanation of catastrophic illness or injury to unit member or immediate family member (*spouse, registered domestic partner, dependent child under age 21, and/or parent*):

All my sick leave, including temporary disability benefits, has been exhausted. I understand that the maximum number of days I may receive for this catastrophic illness or injury is fifty (50) days.

Signature of Employee

Date

APPROVED _____ DENIED _____

Approval Date: _____

Signature of Superintendent Designee

Date