

Travis Unified Teachers Association
CATASTROPHIC LEAVE BANK - *Withdrawal Application*

Confidential to Catastrophic Leave Bank Committee
The Committee may request additional information as it deems pertinent.

This application will not be considered until the completed Medical Verification Form from the attending physician is received.

Name: _____ Date: _____

Address: _____ Phone: _____

Position: _____ Site: _____

Last date my own sick leave is available for use: _____

Applying for _____ contract days. (Not to exceed 30 days)

Specific beginning and ending dates for requested withdrawal: _____

Is it possible to work part-time? YES NO

Do you have Disability coverage? YES NO

Attending Physician's Name: _____ Phone number: _____

Circumstances (give pertinent details). Additional pages may be included.

**Return this form to the TUTA President for distribution to the CLB committee for consideration.

- **I have read and understand Article 8.11** covering Catastrophic Leave Bank rules and administration.
- I hereby certify that all statements made herein are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from obtaining days from the Catastrophic Leave Bank.
- Permission is granted to contact the attending physician regarding this catastrophic illness/leave.

Signature of Employee or Employee Designee

Date

_____ **has been approved** by the CLB Committee to receive _____ full/half days from the TUTA Catastrophic Leave Bank beginning _____.

_____ **has been denied** by the CLB Committee to receive days from the TUTA CLB.

Reason for denial: _____

Signature of CLB Committee member: _____ **Date:** _____