

Travis Unified Teachers Association's Catastrophic Leave Bank Form

Available to employees represented by the Travis Unified Teachers Association/CTA/NEA

Joining the Catastrophic Leave Bank requires, but is not limited to, one (1) sick leave day contribution to the Bank. The availability of any sick leave contribution must be verified by the records of the Travis Unified School District.

Note: Unit members who are retiring or leaving the employ of the District may contribute any or all of their unused sick leave to the Catastrophic Leave Bank.

By signing this form, I, _____, voluntarily join the Catastrophic Leave Bank,
(Print first and last name)

or alter my contribution to it, as outlined in the collective bargaining agreement between the Travis Unified School District and the Travis Unified Teachers Association/CTA/NEA.

I hereby contribute ____ day(s) of my sick leave to join the Catastrophic Leave Bank. I understand that this contribution entitles me to receive a specified benefit from the Catastrophic Leave Bank in accordance with the provisions of Article 8 which are jointly bargained by the District and the Association.

I have read and understand that the provisions for the eligibility, operations, and use of the Catastrophic Leave Bank are outlined in the collective bargaining agreement between the Travis Unified School District and the Travis Unified Teachers Association/CTA/NEA.

I understand that any day(s) I contribute to the Bank will not be returned to my personal sick leave balance. I understand that **my contribution will only be duplicated if the Bank Committee determines that another contribution is required** for a given year to maintain minimum Bank balances in accordance with contract language. I also understand I may revoke this contract by filling out and submitting the appropriate form.

By signing this form, I authorize the Travis Unified School District to deduct the number of days I have specified above for the use in the Catastrophic Leave Bank. I understand this contribution is a permanent reduction in my accumulated sick leave and this contract stays in effect unless I revoke it in writing.

_____	_____	_____
Date	# if days contributed	School Site
_____	_____	_____
Print first and last name		Signature

By checking the box below, current Members **CANCEL** their participation in the Catastrophic Leave Bank and retain none of the CLB benefits outlined in the contract.

I hereby cancel my membership in the Catastrophic Leave Bank.

Be sure to print and complete 4 copies:

Keep 1 for yourself, send 1 to HR & send 2 copies to the TUTA President.

2 copies: TUTA President (1 for Pres. & 1 for CLB committee) 1 copy: HR 1 copy: member