

**REQUEST FOR CATASTROPHIC RESERVE DAYS
(BAS-SB-1)**

Date: _____

Employee Information

Name: _____

Address: _____

City/State/Zip: _____

Work Location:

- High School
- Middle School
- Elementary School

Requested number of days: _____

Rationale for request: _____

(You may use back of form for further information)

(For Office Use Only)

Association

Byron EA President _____

Date _____

District

Superintendent _____

Date _____