

BUCKEYE UNION SCHOOL DISTRICT

CERTIFICATED CATASTROPHIC LEAVE BANK
Request to Utilize Catastrophic Leave Bank

I, _____, Employee # _____
hereby request that I be provided additional sick leave days from the Catastrophic Leave Bank. The
period for which this sick leave is requested is for the period from _____ to _____
_____.

Employee Signature

Date

Eligibility Requirements

- a. Must be a teacher/counselor on active duty.
- b. Must have used all regular sick leave (including banked sick leave).
- c. Must have made a donation of at least one day per work year (employee's regularly scheduled hours) to the Bank.
- d. Must submit a doctor's statement indicating the nature of the illness or injury and the probable length of absence from work.
- e. Must disclose other compensations received (Disability Insurance; Worker's Compensation Insurance, etc.)

Sick Leave Bank Committee Review

Request for leave is Approved / Disapproved for _____ full days (or
equivalent), _____ half days (or equivalent), or _____ other (please specify
completely).

Chair, BTA Catastrophic Leave Bank Committee

Asst. Chair, BTA Catastrophic Leave Bank Committee

Date of BTA Approval: _____

Comments: _____

Personnel Office Use

Employee Hire Date: _____ Regular Hours/Day: _____
Teaching Position: _____ Location: _____
Donation Prior Year: Yes _____ No _____
Exhausted all Leave: Yes _____ No _____
Number of days already used for this leave: _____