South San Francisco Unified School District

CATASTROPHIC LEAVE APPLICATION FOR EMPLOYEES

Requirements:

After exhaustion of all available sick leave credits and/or any other paid leave, employee may request, on the approved form, the amount of leave desired.

- Employer shall require verification of the illness or injury.
- Employer shall verify that the employee is unable to work due to illness or injury.
- Period of request donation shall be used within twelve (12) consecutive months.
- Complete and forward to the Personnel Office in a sealed envelope marked "confidential." Keep a copy for yourself.

I, _____, work at _____,
my position is _____ request to participate in the South San Francisco Unified School District's Catastrophic Leave Program. I will need _____ hours of sick leave. I am making this request because I have a catastrophic illness. (Please describe the qualifying condition and attach medical verification signed by a licensed physician.)

_____

_____

_____

_____

_____

_____

Signed _____ Date _____

Catastrophic Leave Committee Recommendation:

Approved _____ Denied _____ Reason for Denial _____

_____

Signed _____ Date _____

Note: If this application has been denied by the Catastrophic Leave Committee, it should be immediately returned to the applicant. The applicant may request a review of this denial by the Superintendent.

(0304 Cat Leave Application)