

Catastrophic Illness/Sick Leave Request Form

The purpose of the Catastrophic Illness/Sick Leave Bank is to create a bank of sick leave days from which participants may apply for additional sick leave when suffering from catastrophic illness or accident and have exhausted all other paid leave.

"Catastrophic illness" is defined to mean an illness or injury that is expected to incapacitate an employee for an extended period of time, and the incapacity requires the employees to take time off from work for an extended period of time. An employee suffering from a catastrophic illness or injury shall provide verification by means of a letter, dated and signed by the ill or injured person's licensed physician of the State of California, indicating the incapacitating nature and probable duration of illness or injury.

Only employees (or their agents) may apply to use the bank by submitting their request to the Sick Leave Bank Review Committee using the appropriate District form. Included with the form will be verification of the catastrophic illness prepared, in writing, by a licensed physician of the State of California.

The Sick Leave Bank Review Committee will consist of two (2) employees appointed by the Association and one (1) management representative appointed by the District. The committee will review all applications. Approval of any request will require a majority vote of the committee. The decision of the committee shall be final and binding. Within ten (10) duty days of receipt of employee application, the committee will notify, in writing, the applicant of its decision. All applications submitted to the committee shall remain confidential.

An employee may request a maximum of twenty (20) days per application. At the end of the twenty (20) day period, an additional twenty (20) days may be requested for a maximum of forty (40) days to be used per catastrophic event.

Days granted but not used will be returned to the bank. One (1) day used will be equal to one (1) day at the employee's per diem rate of pay.

Leave granted under this agreement will be coordinated with the extended illness leave provision to create a full day of wages. The sick leave bank will be debited one-half (1/2) day for each day used.

Leave from the bank may not be used for illness or disability that qualified the employee for workers' compensation benefits.

When the Sick Leave Bank Review Committee reasonably presumes the applicant may be eligible for a disability award or retirement under STRS, the committee may request the employee apply for disability or retirement benefits. Failure of the employee to submit a complete application within twenty (20) days of the request shall disqualify the employee from further catastrophic leave bank payments.

Employee Name (print) \_\_\_\_\_ Site \_\_\_\_\_

Social Security # \_\_\_\_\_ School Year \_\_\_\_\_

Please complete the following:

Attached is a verification letter, dated and signed by the ill or injured person's licensed physician of the State of California, indicating the incapacitating nature and probable duration of illness or injury.

I am requesting \_\_\_\_\_ days (maximum of twenty [20]) to be donated for this application period.

a. \_\_\_\_\_ This is my first application for this catastrophic illness.

b. \_\_\_\_\_ This is my second application requesting additional days for my catastrophic illness.

I am receiving Workers' Compensation benefits for this illness.

Signature of  Employee or  Employee's Agent \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Sick Leave Balance \_\_\_\_\_ days Is the employee in difference pay? Yes  No

Is the employee receiving workers' compensation benefits? Yes  No

Sick Leave Bank Review Committee Use

Committee Members: For the Association \_\_\_\_\_

For the District \_\_\_\_\_

Approved for \_\_\_\_\_ donated days from the Catastrophic Sick Leave Bank. This is the employee's  First allocation  Second allocation

Denied due to \_\_\_\_\_

For the Association \_\_\_\_\_ For the District \_\_\_\_\_ Date \_\_\_\_\_