



Brea Olinda Teachers Association

A CTA and NEA Affiliate

CATASTROPHIC LEAVE BANK WITHDRAWAL FORM

To be completed by employee (please print):

Name: _____ Work Location: _____

Position: _____ Date: _____

I am requesting _____ days of sick leave from the Certificated Sick Leave Bank. (10 Days Minimum)

The reason for this request is: _____

The employee has the following catastrophic illness (attach additional page if necessary):

The employee's family member has the following catastrophic illness (attach additional page if necessary):

Family member's name and relationship to the employee:

Does the family member live with you? Yes _____ No _____

As conditions of accepting this donation of sick leave, I understand that:

1. I must have used all of my accrued sick leave prior to using the donated sick leave days for my personal illness.
2. Donated sick leave must only be used for the health condition on this request.
3. I will be required to furnish medical certification of a catastrophic illness/injury on the provided District form. Certification must be enclosed with this request.
4. Before returning to work, I will provide my doctor's statement of my ability to return to work with or without restrictions if the leave is for my health condition. In the event there are work restrictions, a reasonable accommodations meeting shall be held prior to my return.

Employee Signature Date

<u>For Committee Use Only</u>			
_____ BOTA CLBC Signature Date	_____ District CLBC Signature Date		
_____ BOTA CLBC Signature Date	_____ District CLBC Signature Date		
Approval Status: Approved or Denied			