

Request for Use of Catastrophic Leave - Certificated

(Return completed form to Human Resources offices)

Name _____ School _____ Date _____

Eligibility – Bargaining unit members may apply for and be eligible to receive catastrophic leave pursuant to the following:

1. The unit member is suffering from an incapacitating illness or injury which is expected to continue for an extended period of time, as verified by the attending physician, and which prevents the unit member from performing his/her regularly assigned work.
2. The time off work must create a financial hardship for the unit member because he or she has exhausted all accrued sick leave and any other paid time.

Note: Catastrophic leave will run concurrently with the extended disability leave in Article VII, Section 3, of the SDTA/District Agreement.

The following elements will be considered in determining eligibility for use of leave bank and the number of days to be granted:

- ❖ Contribution to the bank is current
- ❖ Total number of days available in the bank
- ❖ Nature and duration of illness
- ❖ Availability of other alternatives for applicant
- ❖ History of sick leave use

****Note** – There are limits to the number of days the Catastrophic Leave Committee is allowed to grant to an individual member

Please Complete the Following:

1. Describe the nature of the illness.
2. **Attach** the attending physician’s statement which **MUST** set forth diagnosis, prognosis, expected length of absence, and other supplemental documents on the physician’s letterhead and with the physician’s signature.
3. What will be the approximate duration of the illness? _____
4. Requested number of days? _____ 5. Date leave to begin _____
6. What was or will be the first date of absence related to this illness? _____
7. If you have salary continuation insurance, what benefits are allowed?
8. The committee will consider your previous use of sick leave over the last few years. Are there any special circumstances of which you want to make the committee aware, including the use of personal necessity leave? (Attach additional page if relevant)
9. Additional information regarding illness, special circumstances, etc. (Attach additional page if necessary)

Signature of applicant _____

Please refer to the current contract for additional information

For Office Use Only:

Number of accrued sick leave days: _____ Eligible: Yes _____ No _____
Number of days out in current year _____ Last day covered by sick leave _____
Request is: Granted _____ Denied _____
Reason for denial: _____

Number of days granted: _____ Beginning date: _____ Ending date: _____

Signature of each committee member:

Confirmation of receipt of request sent:
