



## CATASTROPHIC LEAVE PROGRAM

### REQUEST FOR USE OF SICK LEAVE FROM THE CATASTROPHIC LEAVE BANK

Faculty members of the Catastrophic Leave Bank (C.L.B.) and are suffering a long-term illness or disability and expect to exhaust all full-paid leaves may request to use donated sick leave from the C.L.B.

\_\_\_\_\_  
Absent Faculty Member's Name (please print)

\_\_\_\_\_  
School/Department

- If absent employee cannot be contacted, name of family member with legal authority to act on behalf of the employee: \_\_\_\_\_
- Phone number where the employee or designee can be reached:
- Number of days of sick leave requested:
- A statement from the licensed treating physician MUST be attached defining:
  1. The severity of the injury/illness
  2. Expected duration of disability
  3. Name, address and phone number of physician

My authorization for use or disclosure of medical information is to be used exclusively in determining my request. I authorize information to be shared with the District and the Catastrophic Leave Bank Committee for determining approval of such leave. I further understand that I may revoke this authorization at any time. My revocation must be in writing and received by the Human Recourses Office of Southwestern Community College District.

\_\_\_\_\_  
Signature of Employee/Designee

\_\_\_\_\_  
Date

#### From the Catastrophic Leave Bank Committee:

This request is:

Signatures:

☐ Approved

District Signature/Title

☐ Denied

S.C.E.A. Representative/Title

If approved, number of days of sick leave granted:

Date: