



CATASTROPHIC LEAVE PROGRAM

REQUEST FOR USE OF SICK LEAVE FROM THE CATASTROPHIC LEAVE BANK

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

Absent Classified Professional's Name (please print) School/Department

- If absent employee cannot be contacted, name of family member or person 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: _____ (maximum of 20 days per request)
- 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 submitted in writing to the Southwestern Community College District Human Resources Office. I further certify that I have been provided a copy of Southwestern Community College District Procedure No. 7345 "Catastrophic Leave for Classified Bargaining Unit Members" and understand the contents of the Procedure.

Signature of Employee/Designee

Date

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Submit completed request to the Director of Human Resources, Room 1670
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For use by the Catastrophic Leave Bank Committee:

This request is:

Signatures:

☐ Approved

District Signature/Title

☐ Denied

CSEA Representative/Title

If approved, number of days of sick leave granted: _____

Date: _____