

Appendix D

Catastrophic Leave Request Form (CSEA)

I, _____, do hereby apply for catastrophic leave in accord
Name of Employee

with Article 13 of the Agreement between CSEA and its Chapter 620, and the Conejo Valley Unified School District.

I am requesting leave due to my absence from work as a result of:

Check one:

My own health condition

Care for _____
Relationship

Basis for request:

I have attached physician verification for my own medical condition or family member's medical condition.

Signature of Employee

Date

REVIEW BY CATASTROPHIC LEAVE COMMITTEE

Approved by Catastrophic Review Committee

Not approved by Catastrophic Review Committee

Signature of CSEA President

Date

Signature of Assistant Superintendent, Human Resources

Date

FISCAL SERVICES DEPARTMENT/PAYROLL USE

Hours/Days of Leave Donated _____ Applied _____