



2017-2018

CERTIFICATED SICK LEAVE BANK
REQUEST FOR WITHDRAWAL

Name _____

Street _____ City _____

State _____ Zip _____ Home Phone () _____

Are you currently a member of the Certificated Catastrophic Leave Bank? Yes () No ()
(Article 13.16 (b) (2) "Only contributors will be permitted to withdraw from the Bank.

What is the nature of your catastrophic injury or illness? _____

You need to provide documentation from your physician of the nature and expected duration of this injury or illness? Yes () No ()

What is the expected duration of your incapacitation? _____

Please indicate that you understand and agree to the following terms and conditions:

- 1. Prior to withdrawing days from the Leave Bank, I must utilize all paid leave.
2. If I am reasonable presumed to be eligible for disability retirement under STRS or if applicable, Social Security, I may be requested to apply for such retirement.
3. If I am eligible for differential leave, I am entitled to days from the Leave Bank only as a supplement to such differential leave.
4. The maximum number of duty days allowed to be utilized by one member for a single catastrophic injury or illness shall not exceed eighty (80) work days in twenty (20) day increments.
5. If the condition continues beyond the first twenty (20) days, I may file an additional request for consideration for extension in twenty (20) day increments.
6. If the Catastrophic Leave Bank does not have sufficient days to fund a withdrawal request, the Committee is under no obligation to provide days and the District is under no obligation to pay the participant any funds whatsoever
7. The Committee may grant, reject or partially grant a request. Any rejection of a request may be appealed to the President of the Association, or his/her designee, and the District Superintendent or his/her designee, for final action and decision.
8. Further information on the Catastrophic Leave Bank is contained in Article 13 of the Collective Bargaining Agreement.

I have read and understood the above terms and conditions and agree to abide by them.

Signed _____ Date _____