



CORONA-NORCO TEACHERS ASSOCIATION
Certified Sick Leave Bank
Request for Withdrawal

Name: _____ CNUSD Employee Number: _____

Street: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Personal Email: _____

Are you currently a member of the Certificated Catastrophic Leave Bank? Yes No

What is the expected duration of your catastrophic leave? _____

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. **(article 13.16_e.2)**
2. If I am eligible for disability retirement under STRS or if applicable, Social Security, I may be requested to apply for such retirement. If requested to do so, failure to submit a complete application, including medical information provided by my physician, within twenty (20) workdays will disqualify me from further Leave Bank payments. **(article 13.16_b.6)**
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. **(article 13.16_e.3)**
4. The maximum number of duty days allowed to be utilized by one member for a single catastrophic injury/illness and in total, shall not exceed eighty (80) work days in twenty (20) day increments. **Recipients will pay back one day per year until allotted days are repaid. (article 13.16_e.4-5)**
5. I must provide a note from my doctor confirming the leave is still of a catastrophic nature for each new request for 20 additional days of leave. **(article 13.16_e.5)**
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. **(article 13.16_e.8)**
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. Any appeals must be filed within twenty (20) workdays following receipt of the decision of the committee. **(article 13.16_f.4)**
8. Information on the Catastrophic Leave Bank is contained in Article 13.16 of the Collective Bargaining Agreement.
9. My doctor will be required to fill out the form acknowledging the description of a catastrophic injury/illness and confirm that my illness/injury fits the description. **(article 13.16_e.1)**

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

Signed _____ Date _____