

REQUEST FOR CATASTROPHIC SICK LEAVE FORM

Eligibility Information and Requirements for Certificated and Classified Employees

- To be eligible to receive Catastrophic Sick Leave days, employee must be enrolled in one of the Catastrophic Sick Leave Banks. To enroll, employee must complete enrollment form and submit to Fiscal Services. New hires must enroll within 30 days of employment start date, or during annual open enrollment (Certificated/September, or Classified/October). Initial enrollment requires donation of one day of sick leave to the bank. All bank members are deducted one day of sick leave annually thereafter until the bank reaches 1000 days.
- A catastrophic injury or illness shall be defined as: any injury or illness that incapacitates an employee for an extended period of time (in excess of sixty [60] days consecutive calendar days) based upon competent medical evidence.
- An employee who qualifies for catastrophic injury or illness leave may not draw upon the Bank until all fully paid illness or injury leave is exhausted.

Complete the following section, and provide the supporting documentation to Personnel Services

Certificated

Classified

Name: _____ Site: _____

Position/Assignment: _____ Home Telephone #: _____

Mailing Address: _____ City/Zip: _____

Home Street Address: _____ City/Zip: _____

Do you believe this injury or illness to be possibly work-related? Yes No

Nature of Illness: _____

Primary Attending Physician: _____

Telephone #: _____ Fax #: _____

Street Address: _____ City/Zip: _____

REQUIRED DOCUMENTATION

The Committee cannot be convened to consider a request for Catastrophic Sick Leave without the following information. Please note that it is your responsibility to provide Personnel Services the documentation listed below. All documents must be complete, and signed by your primary attending physician. All information received will be held in the strictest confidentiality. Please note that it is your responsibility to track catastrophic sick leave days and, if applicable, request a second 40 days in a timely manner.

Diagnosis Documentation

Prognosis Documentation

Off Work Order Dates

Personnel Services Use Only

Verification as a member of Catastrophic Sick Leave Bank completed by: _____

Approved or Denied..... First request for Catastrophic Sick Leave for this illness.

Approved or Denied..... Second request for Catastrophic Sick Leave for this illness.

 Signature of DSUSD Representative

 Date Signed

 Signature of DSTA or CSEA Representative

 Date Signed