

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, Personnel Services

Date

FISCAL SERVICES DEPARTMENT/PAYROLL USE

Hours/Days of Leave Donated _____ Applied _____