

PETALUMA CITY SCHOOLS

**CATASTROPHIC LEAVE BANK REQUEST FOR WITHDRAWAL
CERTIFICATED EMPLOYEES**

This bank may be drawn upon by certificated employees who have exhausted all paid leave as a result of the catastrophic illness or injury of the employee, or the employee's family member. The amount of leave drawn from the bank by a specific applicant shall be approved by a majority of the members of the Catastrophic Leave Bank Approval Panel.

Pursuant to the above provisions and the provisions outlined in the **Catastrophic Leave Program Guidelines for Certificated Employees**, I request that _____ days of leave be withdrawn from the bank and deposited in my own sick leave account. I understand that days requested, but not utilized, will be returned to the bank. I also understand that a **Certification of Physician or Practitioner** form, verifying the catastrophic illness or injury and the estimated date of my return to work, must be attached to this form.

Employee Signature

Employee ID Number

Date

Catastrophic Leave Bank Approval Panel

_____ Approved

_____ Denied

Human Resources Signature

Date

Petaluma Federation of Teachers Signature

Date