

PETALUMA CITY SCHOOLS

**REQUEST FOR WITHDRAWAL FROM CATASTROPHIC LEAVE BANK
CLASSIFIED EMPLOYEES**

This bank may be drawn upon by classified 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 and taking extended, unpaid time off work creates a financial hardship for the employee. 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Program Guidelines for Classified Employees**, I request that _____ days of leave [maximum of 15 days per request] be withdrawn from the bank and deposited in my own sick leave account.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.

Since Catastrophic Leave is granted for financial hardship, it is important that the Panel has complete information before a decision can be made to approve or deny a request. Catastrophic Leave will be coordinated with all other benefits to which an employee is entitled (State Disability Insurance, Paid Family Leave, private disability insurance, etc.). Please answer the following questions:

If applicable, have you filed for State Disability Insurance benefits? _____

Have you received a decision regarding your application for SDI? _____

Do you have any disability insurance other than SDI? _____

Have you received a decision regarding your application for other disability insurance? _____

If applicable, have you filed for Paid Family Leave benefits? _____

Have you received a decision regarding your application for Paid Family Leave? _____

Please submit a copy of any disability or Paid Family Leave award letter with this request.

Employee Signature

Employee ID Number

Date

Catastrophic Leave Bank Approval Panel

_____ Approved

_____ Denied

Human Resources Signature

Date

Petaluma Chapter #212, CSEA Signature

Date