

**ROSEVILLE CITY SCHOOL DISTRICT
Personnel Services**

CLASSIFIED EMPLOYEE

**CALIFORNIA SCHOOL EMPLOYEES' ASSOCIATION
REQUEST FOR CATASTROPHIC LEAVE CREDITS**

(RCSD/CSEA Contract, Article X, LEAVES, Leave: Donation of Leave for Catastrophic Illness Attached)

According to the contract between the California School Employees' Association and the Roseville City School District, Article X, Leave: Donation of Leave for Catastrophic Illness:

The employee, who is, or whose family is, suffering from a catastrophic illness or injury and who is requesting that eligible leave credits be donated:

- a. Must submit a completed form and provide medical verification to the Personnel Office.
- b. Must exhaust all accrued paid leave credits.
- c. Must use all leave credit that he or she continues to accrue on a monthly basis before receiving paid leave credits that are donated under this contract section.

The Personnel Office will refer eligible employees under the Catastrophic Leave provisions to the Catastrophic Leave Committee, which will consist of three members of the California School Employees' Association Executive Board. To approve an employee's request for sick leave, there must be three affirmative votes. The Catastrophic Leave Committee will determine the number of hours eligible employees may receive.

The Catastrophic Leave Committee's decision to deny the employee's request to receive donated leave credits is final and is not subject to review or appeal under the grievance or any other procedure.

Please fill out this form and return to
Jerry Jorgensen, Personnel Department

Employee Name: _____ School Site(s): _____

Position in District: _____

- I am requesting _____ hours from the Classified Catastrophic Leave Bank.
 I am requesting an additional _____ hours from the Classified Catastrophic Leave Bank.
 Self Spouse Parents Parents-in-Law Siblings Children or stepchildren

Nature of Catastrophic Illness (Must be accompanied by medical verification from attending physician):

Expected length of incapacitation: _____ From: _____ To: _____

Employee Signature _____ Date _____

(or family member's signature and relationship to employee if employee is unable to make a written request because of the catastrophic illness or injury)

For District Office Use

Length of Time Employed with District: _____ Number of hours donated to Classified Catastrophic Leave Bank: _____

Date All Accrued Paid Leave Credits are Exhausted: _____ Authorized: _____ Date: _____

C.S.E.A. Decision

- Approved Number of Hours: _____

Signature - Deborah Ortiz, President, CSEA Chapter #475
- Denied Comments: _____