

**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  
Meghan Baichtal, 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: \_\_\_\_\_