CATASTROPHIC LEAVE BANK: REQUEST FORM

Employee Name: __________________________________________

School Site: ____________________________________________

I am a ☐ Certificated ☐ Classified Employee

I request that the Carmel Unified School District (CUSD) Superintendent or designee approve access to the Catastrophic Leave Bank: Sick Leave Donation Program.

Explanation for Request:

________________________________________________________________________

________________________________________________________________________

Withdrawal Request Date: _____________________________

Number of days requesting to withdraw:

☐ Initial Request ☐ 1st Extension Request ☐ 2nd Extension Request

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Number of days: up to 30

____________________

FOR DISTRICT USE ONLY

Withdrawal Request: __________ Approved __________ Denied

Pool Participant as of: __________

Reason for denial:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Superintendent or Designee

6/4/13 HR