



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 _____ days (up to 30)
- 1st Extension Request _____ days (up to 30)
- 2nd Extension Request _____ days (up to 30)
- 3rd Extension Request _____ days (up to 30)

Employee Signature

Date

FOR DISTRICT USE ONLY		
Withdrawal Request: _____	Approved _____	Pool Participant as of: _____
Reason for denial: _____	Denied _____	_____
_____	_____	_____
_____	_____	_____
_____ Superintendent or Designee		