

## APPLICATION TO RECEIVE SICK LEAVE TIME

Section 19.15 Catastrophic Leave, of the GUSD/CSEA South Butte Chapter #395 Collective Bargaining Agreement

Member Recipient (donee): \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ School Year: \_\_\_\_\_

Worksite Location: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

\* \* \* \* \*

I have exhausted all appropriate fully paid leaves available to me due to the following illness/injury:

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My first day of leave for this illness/injury was \_\_\_\_\_ (date.)

I hereby request the Superintendent to approve the transfer of leave from the Catastrophic Leave pool to be used by me as necessary for sick leave time consistent with provisions of the CSEA/GUSD Collective Bargaining Agreement.

Signature of Donee Employee \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

This request to receive sick leave time from the above named pool was approved on \_\_\_\_\_ (date.)

In accordance with the employee organization's Collective Bargaining Agreement, any unused sick leave time will be retained in the Catastrophic Leave pool for future use pursuant to this article.

Signature of GUSD Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

Appropriate medical verification of illness/injury is attached.

(Copies to CSEA Association President, Payroll and Donor Employee)

Revised March 2010