



## CNTA CATASTROPHIC LEAVE BANK (article 13.16)

Return completed application to the CNTA office using one of the following methods:

Place in the pony mail to CNTA

Email form to [office@wearecnta.org](mailto:office@wearecnta.org)

**Deadline to submit: May 31st, annually**

Name: \_\_\_\_\_ CNUSD Employee Number: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Personal Email: \_\_\_\_\_

School Site: \_\_\_\_\_

I am a permanent unit member    yes    no

I understand the following:

- a) I hereby authorize the contribution of the first two (2) days of my accruable annual personal sick leave from the 2020-2021 school year. **(article 13.16\_c.5)**
- b) The donation of days is irrevocable. **(article 13.16\_c.2)**
- c) I may not designate the recipient of these days. **(article 13.16\_c.2)**
- d) In order to utilize leave from the bank, I must suffer a catastrophic injury/illness that is expected to incapacitate me for an extended period of time (in excess of thirty (30) days) **(article 13.16\_a)**
- e) An additional day of sick leave may be required if the number of days falls below 25% of the number of bargaining unit members & failure to contribute this day will result in termination of my membership in the bank. Any such requirement or resulting termination will be communicated in writing. **(article 13.16\_c.4)**
- f) Membership is ongoing from year to year, unless I notify the District and Association in writing to discontinue membership in the Bank. **(article 13.16\_b.6)**
- g) Any eligible unit member may donate to the Catastrophic Leave Bank from their first two (2) days of yearly accruable personal sick leave. Two of their initial 10 days of personal sick leave shall be donated to the Sick Leave bank on the first day of the following school year. **(article 13.16\_c.5)**
- h) Unit members joining the Sick Leave Bank prior to May, 31<sup>st</sup> annually, shall be eligible to withdraw days on the first work day of the following school year. **(article 13.16\_c.5)**
- i) In order to utilize leave from the bank, I will be required to submit a **Certificated Sick Leave Bank Request For Withdrawal Form**, a **CNTA Medical Evaluation Form**, and an **official Doctor's note** that includes the statement that the illness/injury is catastrophic per the definition provided, and additional requests necessary to properly process that leave. **(Cat Leave Side Letter)**
- j) If I utilize leave from the bank, I will be required to pay back one day per year until the allotted days are repaid. **(article 13.16\_e.5)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_