



Request for Withdrawal Form

Name: _____ CNUSD Employee Number: _____

Street: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Personal Email: _____

Are you currently a member of the Certificated Catastrophic Leave Bank? Yes No

What is the expected duration of your catastrophic leave? _____

Please indicate that you understand and agree to the following terms and conditions:

Complete information on the Catastrophic Leave Bank is contained in **Article 13.17** of the Collective Bargaining Agreement. I agree to all provisions of this article.

Specifically, I understand that the following apply:

- a. In order to qualify for Catastrophic Leave, I must have an illness or injury that is expected to incapacitate me **continuously** for more than thirty (30) days. **Article 13.17(c)(1)**
- b. Prior to withdrawing days from the Leave Bank, I must have exhausted all sick leave and have differential leave available. **Article 13.17(c)(2)**
- c. I may request up to 100 days total undesignated withdrawal from the bank. **I will pay back one day per year until allotted days are repaid or I leave the district.** **Article 13.17(c)(6)**
- d. I must provide a note from my doctor confirming the leave is still of a catastrophic nature for each new request for additional days of leave. **Article 13.17(c)(4)**
- e. If the Catastrophic Leave Bank does not have sufficient days to fund a withdrawal request, the Committee is under no obligation to provide days and the District is under no obligation to pay the participant any funds whatsoever. **Article 13.17(c)(10)**
- f. The Committee may grant or deny a request. Any rejection of a request may be appealed to the President of the Association, or their designee, and the District Superintendent or their designee, for final action and decision. Any appeals must be filed in writing within twenty (20) days following receipt of the decision of the committee. **Article 13.17(c)(11)**
- g. My doctor will be required to fill out the form acknowledging the description of a catastrophic injury/illness and confirm that my illness/injury fits the description. **Article 13.17(c)(4)**

I have read and understood the above terms and conditions and agree to abide by them.

Signed _____ Date _____