



Catastrophic Leave Bank Cancellation Form

Name: _____ CNUSD Employee Number: _____

Street: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Personal Email: _____

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:

1. I will no longer be eligible to withdraw days from the Catastrophic Leave Bank. **Article 13.17(b)(7)**
2. Sick leave previously authorized for contribution to the bank will not be returned to me. **Article 13.17(b)(7)**
3. If I had previously withdrawn days from the bank and I am still in the process of repaying the days, one day will continue to be withdrawn each year until the allotted days are repaid. **Article 13.17(c)(6)**
4. If I choose to rejoin the Catastrophic Leave Bank in the future, I will be required to contribute the initial (2) days again. **Article 13.17(b)(3)**

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

Signed _____ Date _____