Sacramento City Unified School District

Human Resource Services

CSA Catastrophic Leave Request

In addition to filling out this leave request, you must also attach a physician's statement which must cover the dates listed below.

Name:		Last 4 Digits of Social Security Number:
Street Address:		City/State/Zip:
Work Phone:		Home/Cell Phone:
Position Title:		School/Department:
Date the Catastrophic Leave Will Begin:	Date the Catastrophic Leave Will End:	Extension to Original Request: ☐ Yes ☐ No
Signature:		Date:

If the above request is granted, I agree to the following:

1. I have donated the appropriate amount of sick leave to the Catastrophic Sick Leave Bank for this fiscal year.
2. I have exhausted all paid leaves according to the Catastrophic Sick Leave Bank guidelines.
3. I will comply with the requirements and conditions set forth in the CSA contract.
4. If needed, I will request the allowable additional 20 days in writing and must attach the required doctor's note(s) for review and approval. I understand the maximum days available are eighty (80) days per catastrophic illness or injury.
5. I understand that unused Catastrophic Sick Leave Bank days will be returned to the Bank.
6. I have read and understand the Catastrophic Sick Leave Bank guidelines.
7. I will inform Human Resource Services of any changes to my health status.

For Human Resource Services Use Only

Date Catastrophic Leave Request Received: _____

Received By: _____

☐ Catastrophic Leave Approved

☐ Catastrophic Leave Not Approved

Signature: Associate Superintendent, Human Resource Services _____

Date _____

Please keep a copy for your own records.

cc: Human Resource Services, Personnel File
Appropriate Supervisor
Employee