

Appendix D

**Catastrophic Leave Request Form (CSEA)**

I, \_\_\_\_\_, do hereby apply for catastrophic leave in accord  
Name of Employee

with Article 13 of the Agreement between CSEA and its Chapter 620, and the Conejo Valley Unified School District.

I am requesting leave due to my absence from work as a result of:

Check one:

My own health condition

Care for \_\_\_\_\_  
Relationship

Basis for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached physician verification for  my own medical condition or  family member's medical condition.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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REVIEW BY CATASTROPHIC LEAVE COMMITTEE

Approved by Catastrophic Review Committee

Not approved by Catastrophic Review Committee

\_\_\_\_\_  
Signature of CSEA President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assistant Superintendent, Personnel Services

\_\_\_\_\_  
Date

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FISCAL SERVICES DEPARTMENT/PAYROLL USE

Hours/Days of Leave Donated \_\_\_\_\_ Applied \_\_\_\_\_