Appendix D

Catastrophic Leave Request Form (CSEA)

I, _____________________________, do hereby apply for catastrophic leave in accord 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

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

FISCAL SERVICES DEPARTMENT/PAYROLL USE

Hours/Days of Leave Donated _________   Applied _________