



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT**

750 Mitchell Road, Newbury Park, CA 91320  
Phone: (805) 498-4557 ♦ Email: CVUSDHRD@conejousd.org

**Mark W. McLaughlin, Ed.D**  
Superintendent

**Jeanne Valentine**  
Assistant Superintendent, Human Resources  
**Marina Mihalevsky**  
Director, Classified Human Resources

## Catastrophic Leave Request

In addition to filling out this leave request, you must also attach a physician's statement that 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:

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 and am unable to render service in excess of 30 days.
3. I will comply with the requirements and conditions set forth in the UACT contract.
4. I understand the maximum days available are fifty (50) days per catastrophic illness or injury. I understand I may request an additional twenty-five (25) days to be used concurrently with differential pay.
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 Resources of any changes to my health status.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

### For Human Resources Use Only

Catastrophic Leave Request Received: \_\_\_\_\_  
Date \_\_\_\_\_ By \_\_\_\_\_

Catastrophic Leave Committee Met: \_\_\_\_\_  
Date \_\_\_\_\_  Catastrophic Leave Approved  
 Catastrophic Leave Not Approved

Signature: Assistant Superintendent, Human Resources \_\_\_\_\_ Date \_\_\_\_\_