



Certificated Catastrophic Leave Application

(Please review guidelines and procedures outlined on back of this Application Form)

 Employee Name: Last, First (Please Print)

 Site

 Employee ID # (Optional)

I am requesting consideration of donated days or sick days under one of the three following certificated Catastrophic Leave options. I understand that participation requires that I have made a one-time donation of one (1) day to the Bank as outlined in STA Agreement Article 13.13.

To apply for Option 1 or Option 2, I must have exhausted all sick leave including Income Protection.

To submit a request to the Catastrophic Review Committee, please include the following attachments and check the appropriate box below:

❖ **Option 1 - Bank Days**

1. A letter explaining your need for Catastrophic Bank Days.
2. A physician's letter of verification.

A "catastrophic illness" or "injury" means an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates an employee's immediate family member (as identified in STA Agreement Article 13.0 "A") and requires the employee to take time off from work for an extended period of time to care for that family member.

❖ **Option 2 - Direct Donation Days**

1. A letter explaining your need for Catastrophic Direct Donation Days.
2. A physician's letter of verification.
3. All Direct Donation Form(s) completed by employee(s) wishing to donate days to you.

- To care for the well-being of the employee's child after birth, or placement for adoption or foster care.*
- To care for the employee's family member who has a serious health condition.*
- For a serious health condition that makes the employee unable to perform the employee's job.*

❖ **Option 3 - Sick Leave Days**

1. A letter explaining your need for use of additional personal Sick Leave Days.
2. A physician's letter of verification.

- To care for the well-being of the employee's child after birth, or placement for adoption or foster care.*
- To care for the employee's family member who has a serious health condition.*

 Employee Signature

 Date

Personnel/Payroll Department Use Only:

- Approved by committee Not approved by committee

 Assistant Superintendent, Human Resources

 Date

_____ Day(s) credited as requested above.

 Payroll Technician

 Date

Appendix F
Catastrophic Leave

13.12 Definition: A “catastrophic illness” or “injury” means an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates an employee’s immediate family member (as identified in STA Agreement Article 13.0 “A”) and requires the employee to take time off from work for an extended period of time to care for that family member.

13.13 Participation: All certificated employees are eligible to request Catastrophic Leave in accordance with this Article. Participants may request either leave from the Catastrophic Leave Bank (“Bank”) or may request Direct Donation Sick Leave (“Direct Donation”). Participants may also request to utilize their accumulated sick leave for family emergency situations. Participation is voluntary and requires a one-time donation of one (1) day to the Bank, to be deposited within the first sixty (60) calendar days of the school year in which an employee chooses to join or from the start of employment. No additional days are required for continued participation. Employees wishing to donate days must have a balance of at least five (5) days in their own sick leave account. Donated sick days will not affect an employee’s “perfect attendance” status.

A. Bank Participation

A maximum of three (3) days may be donated per year. Donations are irrevocable and must be in the employee’s full day equivalent, whatever their classification. Those employees donating days must submit a signed donation form to payroll. In the event the Bank is depleted and a specific need for additional days arises during the course of the school year, any certificated employee who presently has five or more days of earned and unused sick leave, who had not previously participated, may donate to the Bank and become a member of the Bank.

B. Direct Donation

Direct Donation days can only be requested/donated for current needs and may not be accumulated for future purposes. A maximum of two (2) Direct Donation days may be deposited by an employee each school year. A direct donation does not qualify the donator for eligibility in the Bank.

13.14 Participation Limitations: Participants who have exhausted all sick leave, which includes the exhaustion or denial of income protection, may apply for catastrophic illness or injury leave. The combined total number of Catastrophic Leave days (Bank plus Direct Donation) received shall be limited to a maximum of sixty (60) days in a two-year period with a lifetime maximum of 120 days.

A. Bank Withdrawals

Withdrawals from the Bank shall be granted in units of no more than 30 workdays and may not be carried over to the following school year. Participants may submit requests for a one-time extension of a maximum of 30 days as their grant expires. Withdrawals will be made in increments of one day at a time, which reflects the employee’s regular work assignment.

B. Direct Donation Requests

An employee wishing to receive Direct Donation Sick Leave must solicit donations on the Sick Leave Direct Donation form(s) and submit completed forms to Human Resources prior to, during, or within seven (7) days of return from leave. An employee may receive a maximum of eleven (11) Direct Donation days per school year.

C. Sick Leave Requests

An employee wishing to use more than their annual allotment of sick leave for family emergency situations may submit an application to the Catastrophic Review Committee for approval.