

Claremont Unified School District  
Application to Utilize the CFA Catastrophic Leave Bank

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Work Site: \_\_\_\_\_

A Certificated Bargaining Unit Member may apply to utilize the Catastrophic Leave Bank providing the member has:

- a severe catastrophic illness, injury or disability or has a catastrophic illness/injury in their immediate family requiring their presence
- exhausted their own accumulated sick/leave days
- been placed on an authorized leave by the District, according to the provisions outlined in Article XV

The member may apply for an initial grant of leave days by the Catastrophic Leave Committee not to exceed twenty (20) days. Extensions may be granted by the Catastrophic Leave Committee upon demonstration of further need by the applicant. The maximum number of days that may be granted from the Bank to a single Bargaining Unit member in one school year shall not exceed fifty (50) days. Any days granted by the Catastrophic leave Committee which are not used by the applicant shall be returned to the Bank.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ \*Number of days requested: \_\_\_\_\_

Please write a brief statement of need to be reviewed by the committee. This statement and all matters related to your application will be held confidential by the committee.

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By signing this application, the member verifies they qualify for withdrawal from the Catastrophic Leave Bank with the aforementioned requirements. \* Upon approval, these days will expire at the end of the school year in which they were approved.

\_\_\_\_\_  
Applicant Signature

This application is submitted to the CUSD Human Resources Department. The Catastrophic Leave Committee will convene within two weeks of submitting and notify applicant of approval or denial.

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Reviewed by Catastrophic Leave Committee on: \_\_\_\_\_

Approved \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Signatures:

\_\_\_\_\_

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Payroll: