

GLENDALE UNIFIED SCHOOL DISTRICT
Glendale, California

TO: CATASTROPHIC SICK LEAVE BANK Committee
c/o Dr. Kyle Bruich, Assistant Superintendent, Human Resources

DATE: _____

FROM: _____ (Name) _____ (Site)

RE: **REQUEST FOR USE OF CATASTROPHIC SICK LEAVE BANK DAYS – GTA**

PLEASE CHECK (✓) YOUR SELECTION and COMPLETE to end of “NOTE”

ف Initial Request	-or-	ف Request for extension (additional days)
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ف I am a current contributing member to the Catastrophic Sick Leave Bank and hereby request the use of sick leave days from the Catastrophic Sick Leave Bank. I will exhaust all my accumulated and additional sick leave days, and the one-hundred (half-pay) additional sick leave days and will need to be absent due to a continuing and incapacitating illness.

Date current absence BEGAN:	Expected date of RETURN to duty:
Reason for absence* (information to support your request for use of Catastrophic Sick Leave days from the Bank):	

***NOTE:** Please provide the briefest description possible of your absence and verification from your health care provider that will support the nature and period of absence. By submitting this information you are disclosing private information about your medical condition. Please initial your authorization for this information to be discussed in a confidential manner by members of the review committee. _____ (Initial:)

FOR ACCOUNTING USE ONLY	
Date sent to payroll for verification:	Eligible: Yes _____ No _____
Date on which current available 100% accumulated and 50% additional sick leave will expire. Date: _____	
Initial of person making verification	Date returned to committee:

COMMITTEE DECISION*

ف Granted	Days from the Bank will be available for your use immediately after exhaustion of your 100% paid accumulated plus your 50% additional sick leave days.
ف Denied	
Authorization by Member:	Date decision is returned to employee:

* * * * * **The decision of the Committee is final and non-reviewable** * * * * *