



ADMINISTRATIVE REGULATION
EXHIBIT

4161.9 E-2

CATASTROPHIC LEAVE REQUEST

Any employee who meets the conditions enumerated in District Board Policy 4161.9/4261.9/4361.9, Catastrophic Leave Program, may request voluntary donations of sick leave by completing a copy of the form indicated below.

Catastrophic Leave Request

I, _____, hereby request that donations of accumulated sick leave days earned by other employees be placed into my sick leave account according to the above Board Policy and Administrative Regulation.

Catastrophic Leave Requesting Employee: _____
Ill/Injured Individual: _____
Relation to Employee: _____
Define illness/injury: _____

Expected Date Return to Work: _____
Anticipated # Work Days Out: _____

I have attached a Physician's Statement, which verifies the incapacitating nature and probable duration of the illness or injury.

Employee's Signature: _____ Date: _____

Employee's Social Security #: _____ Site: _____

____ Certified _____ Classified _____ Administrative

Approval _____ Disapproval _____

Superintendent/Designee: _____ Date: _____

FOR PAYROLL USE:

Sick Leave Hours Remaining: _____ Vacation Days Remaining: _____