



# San Marcos Unified School District

## Catastrophic Leave Bank

Request for withdrawal of sick leave days from the Catastrophic Leave Bank

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Location: \_\_\_\_\_

Pursuant to the applicable Master Contract and Memorandum of Understanding, I hereby request that \_\_\_\_\_ (specify number) full-salary sick leave days be credited to my account. An initial credit of up to twenty days may be requested, followed by an additional request, of up to 20 days, if additional time is required.

This is my initial request.

I have already received an initial credit. This is a request for up to 20 additional days.

Check here if partial contract, part-time employee, job-share, or reduced workload status.

This is to acknowledge that this completed application must be accompanied by written verification, prepared and signed by a licensed physician of the State of California, certifying that I am suffering from a catastrophic illness or injury as defined in the applicable Master Contract or Memorandum of Understanding using the appropriate District form. I understand that any unused full-salary sick days will be returned to the Catastrophic Leave Bank. I have read the applicable Master Contract and Memorandum of Understanding language and acknowledge that all provisions governing the Catastrophic Leave Bank apply to this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN TO:  
San Marcos Unified School District  
Human Resources  
Attn: Amber Christman  
255 Pico Ave, Suite 250  
San Marcos, CA 92069  
(760) 752-1244

FOR DISTRICT USE ONLY: Date Received \_\_\_\_\_ Date Logged \_\_\_\_\_ Number of Hours \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_