***Applications must be submitted to the Human Resources Department a minimum of ten (10) working days prior to the start date of the requested leave or as soon as possible if circumstances prevent earlier submission. Employees must include a signed and dated statement from a licensed physician verifying that a serious illness or injury will require prolonged treatment of either the unit member or a family member.***

Unit Member’s Name:       Banner ID:

Position Title (Classification):       Department:

Work Phone:       Home/Cell Phone:

I wish to request       hours of catastrophic leave. (Attach explanation for requesting leave).

Estimated duration of absence: From       to      .

I estimate that I will exhaust all of my fully paid accrued leaves on:

***Payroll verification: All fully paid leave credits exhausted on:***

*In accordance with Education Code Section 87045 verification required:*

Eligible leave credits may be donated to an employee for a catastrophic illness or injury if all of the following requirements are met:

* + - 1. The employee who is, or whose family member is, suffering from a catastrophic illness or injury requests that eligible leave credits be donated and provides verification of catastrophic illness or injury as required by the governing board of the community college district in which he/she is employed.
1. The governing board of the community college district determines that the employee is unable to work due to the employee’s or his/her family member’s catastrophic illness or injury.
2. The employee has exhausted all fully paid leave credits.

***Human Resources/Catastrophic Leave Program Committee Use Only***

Date Request Received:       Date Reviewed by Committee:

[ ]  Request Approved for       hours [ ]  Request Denied

Comments:

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CSEA 262 Representative Date

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Director, Equal Employment Opportunity (EEO) Programs Date