Twin Rivers United Educators
T.R.U.E.

TwinRivers UNIFIED SCHOOL DISTRICT

Certificated Employee Catastrophic Leave Bank

- Application for Withdrawal from Bank -

Employee Name: _____

Work Location: _____

Period of time expected to be off work:

From: _____ To: _____

How many days are you requesting from Bank? _____

Please state reason(s) you are requesting Catastrophic Leave Bank credit:

_____

_____

_____

_____

Catastrophic Leave Bank is outlined in Education Code Section 44043.5 and in the Twin Rivers United Educators collective bargaining contract Article 18.

1. Catastrophic illness or injury is defined as an illness or injury that is expected to incapacitate the Member, dependent child, immediate family member living in the household, spouse or domestic partner of the Member, for an extended period of time and creates a financial hardship for the Member because he/she has exhausted all of his/her accrued sick leave.
2. The Participant shall provide verification of the catastrophic injury or illness by means of a letter, dated and signed by a physician, indicating the incapacitating nature and probable duration of the illness or injury.
3. The Participant must provide required verification of catastrophic injury or illness with this application for review by the Committee.

_____

Signature (applying employee or legal representative) Date

_____

Cell Phone Number Home Phone Number

_____

Home E-Mail Address

Application will not be reviewed without supporting medical documentation. This application is to be mailed/delivered to: Twin Rivers United Educators
3318 Howard Street, Suite 10
McClellan, CA 95652