



3318 Howard Street, Suite 10, McClellan, California 95652

Phone: (916) 648-9791 Fax: (916) 648-9753

E-Mail: [trueoffice.email@gmail.com](mailto:trueoffice.email@gmail.com)

[www.trueassociation.org](http://www.trueassociation.org)

## 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:

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Catastrophic Leave Bank is outlined in Education Code Section 44043.5 and in the Twin Rivers United Educators collective bargaining contract Article 17.

1. Catastrophic illness or injury is defined as an illness or injury that is expected to incapacitate the Member, dependent child (Art. 17.2.8), immediate family member living in the household, spouse or domestic partner of the Member, and any relative in which the Member has legal power of attorney or a designation as a medical proxy, 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. You **MUST** be a part of the bank for a minimum of one year before you are eligible to withdrawal (Art. 17.3.4), and have exhausted **all** your eligible leave. This means, if you have disability insurance, you **must** use your disability insurance. The first ten (10) duty days of catastrophic illness or disability must be covered by the Participant's own sick leave, differential leave, or leave without pay (Art 17.3.7).
3. 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 (Art. 17.3.1). 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 or hand delivered to:

Twin Rivers United Educators  
3318 Howard Street, Suite 10  
McClellan, CA 95652

Or emailed to: [trueoffice.email@gmail.com](mailto:trueoffice.email@gmail.com)

For more information on TRUE's Catastrophic Leave Bank please visit <http://trueassociation.org/catastrophic-leave/>