

Chula Vista Elementary School District  
**Certificated Bargaining Unit Employees'**  
**Catastrophic Leave Bank**

**REQUEST FOR WITHDRAWAL**

A certificated bargaining unit employee who is suffering a long-term illness or disability, is a member of the Catastrophic Leave Bank, and expects to exhaust all accrued sick leave may request a withdrawal from the Bank.

Employee's Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Please Print Required

Employee's Job Title \_\_\_\_\_

Employee's Work Site: \_\_\_\_\_

Phone number where employee or designee can be reached: \_\_\_\_\_

Is this illness/injury related to a workers' compensation claim?  YES  NO

\*Number of days requesting: \_\_\_\_\_

\*Withdrawals from the Bank shall be granted in units of no more than twenty duty days. Unit members may submit a request for an extension of a withdrawal for one (1) additional twenty-duty day allotment for each catastrophic illness or injury.

\*A statement from the treating physician MUST be attached defining:

- The nature of the injury/illness
- Expected duration of disability
- Name, address and phone number of physician

\_\_\_\_\_  
Signature of Employee/Designee

\_\_\_\_\_  
Date

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For District use:

Approved – Number of days: \_\_\_\_\_

Disapproved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Distribution:

Original: Human Resources  
copy: Payroll

copy: Employee  
copy: CVE