

**BUCKEYE UNION SCHOOL DISTRICT
CSEA CHAPTER #683**

Sick Leave Bank Request for Withdrawal

DATE:

TO: CSEA Catastrophic Leave Committee

FROM:

Due to the following illness/injury to myself or an immediate family member, I am requesting leave hours from the Catastrophic Leave Bank (please describe in full):

Date of Expected Leave: FROM: _____ TO: _____

- I have attached documentation of the above from my physician (or immediate family member's physician) and I certify that I have used all of my available paid leave including sick leave, vacation time, comp time, and all industrial accident time.

I understand that I must have previously donated hours to the Leave Bank to be eligible for withdrawal.

I also understand that the number of hours granted me is determined by a vote of the Catastrophic Leave Committee and the number of hours available for withdrawal from the Leave Bank.

Maximum # of Hours Requested: _____

Employee Signature

<u>For Office Use Only</u>
<input type="checkbox"/> Approved by Leave Committee # Hours Granted _____
<input type="checkbox"/> Memo to Payroll
<input type="checkbox"/> Denied

cc: Employee after approval/denial