

# Human Resources

## REQUEST FOR CATASTROPHIC LEAVE DONATIONS

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Initial

Additional

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Classification: \_\_\_\_\_

Work Location: \_\_\_\_\_

What was your first date of absence? \_\_\_\_\_

What date did you exhaust your sick leave? \_\_\_\_\_

Reason (**Please do not disclose your private health information in your reason**):

Would you like for us to include the reason for your request in the message to your co-workers requesting donations on your behalf?

Yes  No

**Attach Medical Certification (Required)**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

For additional information on Catastrophic Leave please refer to the following:

- ADTA: Article 14.13  
Board Policy and Administrative Regulation 4161.9
- CSEA: Education Code §44043.5a.1  
Board Policy and Administrative Regulation 4261.9
- Management: Board Policy and Administrative Regulation 4361.9