CHINO VALLEY UNIFIED SCHOOL DISTRICT CHINO, CALIFORNIA

REQUEST TO PARTICIPATE IN CATASTROPHIC LEAVE PROGRAM

I, hereby request to participate in the Chino Valley
Unified School District's Catastrophic Leave Program. I have attached written
certification (Physician's Report on Employee Health: Catastrophic Leave) of the nature
of the illness or injury upon which this request is being made and I understand that
employees are eligible to participate for a period of time equivalent to the number of
accrued sick days donated. The District shall limit the annual number of days of
catastrophic leave that may be donated by an individual to ten (10) days per year, with
the exception of members of the immediate family who may donate an unlimited amount
of accrued sick leave to a member of the same family.
Furthermore, it is my understanding that I may not be eligible for catastrophic leave until I have exhausted all of my accrued sick leave.
The basis of my request involves the following:
Employee Name Date
Name of Person Making Application (If different than employee)

Form: CL-01

MEDICAL CERTIFICATION STATEMENT (Illness of Employee's Family Member)

Employee Name:	
Ill Family Member Name:	
Date Condition Began:	
Date (Expected) End:	
Relevant Medical Facts:	
Explanation of extent to which employee is ne parent:	eded to care for the ill spouse, child, or
Signature (Health Care Provider)	Date
Medical Release:	
I authorize the release of any medical informat	tion necessary to process the above request:
Signature (Patient)	Date