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)

MEDICAL CERTIFICATION STATEMENT

(Employee's Own Serious Illness)

Employee Name: _____

Date Condition Began: _____

Date (Expected) End: _____

Relevant Medical Facts:

_____
_____
_____
_____

Explanation of extent to which employee is unable to perform the functions of his/her job:

_____
_____
_____
_____

_____ _____

Signature (Health Care Provider) Date

Medical Release:

I authorize the release of any medical information necessary to process the above request:

_____ _____

Signature (Patient) Date

Form: ME-05