

**Riverside Unified School District
Certificated Employees
Catastrophic Leave Bank Application**

This application must be submitted **prior** to running out of sick days*

Submit to Riverside City Teachers Association, 3556 Central Avenue, Riverside 92506 or fax to 951-684-6250

Name: _____ Date: _____

School site: _____ Personal email address: _____

Home phone: _____ Cell phone: _____

Emergency contact: _____ Emergency phone: _____

Home address: _____ City: _____ Zip Code: _____

This application must be submitted prior to running out of sick days*

Number of Catastrophic Leave days requesting? Please mark applicable box.

- First request: _____ days. Number of sick days available: * _____
- Second request: _____ days.

Please describe the details of the illness, injury or condition on which your application is based.

YOU MUST ATTACH THE MEDICAL VERIFICATION FORM COMPLETED BY YOUR DOCTOR THAT INCLUDES A PROGNOSIS AND PROJECTED RETURN TO WORK DATE.

**Art.XVI, Sect. 23, G 1&2*

1. In order to be eligible to withdraw leave from the bank, the unit member must be a participant, have exhausted all of his/her current, and accumulated sick leave including any Worker's Compensation benefits.
2. The benefits of this leave must be used prior to being compensated for differential pay where that applies.

Confidentiality: In order to use the Catastrophic Leave Bank a copy of your medical verification must be provided. The information you provide will **only** be shared with the members of the Catastrophic Leave Bank Committee.

Signature: _____ **Date:** _____

FOR OFFICE USE

Date: _____ **Approved:** _____ No. of days: _____ **Denied:** _____ Reason: _____

RCTA Representative: _____ RUSD Representative: _____