

Shasta Secondary Employees Association (Certificated)

Request for Use of Catastrophic Leave Bank

Article 11.14

Date: _____ Site: _____

Name of Person requesting additional sick leave: _____

Days/hours Requested (Circle one): _____ Anticipated start date: _____

Reason for request: _____

(provide information sufficient enough for the Committee to determine that the criteria for use of CLB are met. Please attach Physicians verification of medical condition

The SSEA Executive Committee met on _____ and took the following action on your request.

Request approved for _____ days.

Request denied

SSEA President (or Designee)

Date