

Barstow Unified School District
Personnel Services

CATASTROPHIC LEAVE PROGRAM
Request for Withdrawal

An employee who is, or whose family member is suffering from a catastrophic illness or injury, and who has **used up all accrued leave and all extended benefits** granted under Education Code section 44977 as a result of said catastrophe, may request donations of accrued vacation or sick leave credits under the catastrophic leave program, as described in Board Policy 4161.9.

Pursuant to the above provisions, I request a maximum of _____ days be deposited, if needed, to my personal leave allowance.

I agree to hold harmless the District and Association for any and all claims and liabilities arising out of performance of Board Policy 4161.9 of the Barstow Unified School District.

Please attach verification of catastrophic illness or injury. Verification shall be made by means of a letter, dated and signed by the sick or injured person's physician, indicating the incapacitating nature and probable duration of the illness or injury. (Education Code 44043.5)

I understand that when the necessary verifications and determinations are made, the transfer of accrued vacation/sick leave credits are subject to approval by the Superintendent or designee of Barstow Unified School District.

Dated this _____ day of _____, 200_.

Telephone/Cell number

Signature of Employee

Social Security Number

Approved Denied

Superintendent or Designee

Date