

NEW HAVEN UNIFIED SCHOOL DISTRICT
Catastrophic Leave Bank (Article 10.6)
Application

Name: _____ Site: _____

I am requesting to withdraw days from the Catastrophic Leave Bank for the following reason:

- ___1) Medical treatment for a continuing illness or injury
- ___2) Emergency medical treatment
- ___3) Serious personal illness or injury
- ___4) Serious illness or injury to a member of immediate family or household (Note: this condition is not covered by income protection insurance and benefits are not paid out.)

I confirm that I meet the following criteria: (please initial)

- ___ Current member of Catastrophic Leave Bank
- ___ Currently maintain income protection coverage with an insurance carrier approved by the NHTA

I understand the following: (please initial)

- ___ It is my responsibility to submit to payroll to payroll the income protection disability calculation that I receive as a result of my application for income protection processed by my insurance carrier. This calculation is needed for payroll to determine when benefits for income protection started. I understand until payroll receives this calculation, I will not receive days from the catastrophic leave bank.
- ___ The catastrophic leave bank will cover the days from when I am out of sick leave until my income protection benefit starts.
- ___ A physician's verification is required with my request for catastrophic leave and it is attached to this application.
- ___ A maximum of 15 days can be withdrawn from the bank for care of an immediate family or household member.

Signature

Date

Catastrophic Leave Bank Committee:

[] Approved [] Denied Date: _____

Chair

Member

Member

Personnel Services Use:

Request received: _____ Disability calculation received by payroll: _____
Sent to committee: _____ Withdrawal from bank and payment processed: _____
Notification to employee: _____