

Woodlake Unified School District
Woodlake Unified Teachers Association (WUTA)

Catastrophic Leave
Request for Donated Sick Leave Days

"Catastrophic Leave" means an illness that is expected to incapacitate the employee for an extended period of time, or that incapacitates a spouse or child of the employee which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he/she has exhausted all of his/her sick leave and other paid time off. (Education Code 44043.5).

To be completed by employee making request:

Name of Employee Requesting	
Donated Sick Leave Time: _____	Date: _____
‘ I have attached verification by means of a letter dated and signed by the sick person's physician, indicating the incapacitating nature and probable duration of the illness.	
‘ I understand that all paper work regarding catastrophic leave must be submitted to the district office by the 10 th of the month to effect the next payroll.	
‘ My regular work day consists of _____ hours per day. _____ Signature of employee requesting donated sick leave days	

To be completed by district office staff:

- ‘ Establishing eligibility for employee desiring donation of leave for catastrophic illness:
- Employee's date of beginning service: _____ Eligible: ____ Yes ____ No
- All certificated employees shall be eligible for catastrophic leave upon completion of one year of service with the District.*
- ‘ The requesting employee has used all allowable accumulated leave prior to requesting catastrophic leave (i.e. Personal Necessity/sick leave). ____ Yes ____ No
- ‘ Verification of catastrophic illness given to District (Ed. Code 44043.5)
- ‘ Yes and copy attached * ‘ No, Return form to employee until verification is received in writing from sick person's physician.
- *Verification shall be made by means of a letter dated and signed by the sick person's physician, indicating the incapacitating nature and probable duration of the illness.*
- ‘ Superintendent or designee approval to allow catastrophic leave up to five (5) days.
- _____
Superintendent's Signature
- _____
Date

All leave exceeding five (5) days shall be the decision of the WUSD Governing Board.

All information is to be held strictly confidential by the district - names of employees making donation of hours will not be released by the district to person receiving the donation
(Please return to Shari King, District Office in envelope marked "CONFIDENTIAL")

Woodlake Unified School District
Woodlake Unified Teachers Association (WUTA)

Catastrophic Leave
Donation of Accumulated Leave

"Catastrophic Leave" means an illness that is expected to incapacitate the employee for an extended period of time, or that incapacitates a spouse or child of the employee which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he/she has exhausted all of his/her sick leave and other paid time off. (Education Code 44043.5).

Catastrophic leave can only be donated from one certificated employee to another certificated employee as long as the donating employee maintains at least 6 days of sick leave.

All certificated employees shall be eligible for catastrophic leave upon completion of one year of service with the District.

To be completed by employee wishing to donate sick leave hours:

Name of Employee wishing to donate
accumulated sick leave: _____ Date: _____

I wish to donate _____ hours of accumulated sick leave (not to include free personal day) to:

Catastrophic leave can only be donated from one certificated employee (WUTA) to another as long as the donating employee maintains at least six (6) days of sick leave.

I understand that my donation, once processed and transferred, is irrevocable. I also understand if employee above does not need all of the hours donated, my unused donations will be returned to me. Donated hours will be transferred in the order they are received.

Signature of employee donating
sick leave days/hours: _____ Date: _____

To be completed by district office staff:

Eligibility to donate:

All certificated employees shall be eligible for catastrophic leave upon completion of one year of service with the District. Catastrophic leave can only be donated from one certificated employee to another certificated employee as long as the donating employee maintains at least 6 days of sick leave.

Donating employee has been employed by the district since _____ (date) and has _____ number of hours of accumulated sick leave as of the following date: _____. ' Eligible ' Not eligible

Each bargaining unit employee's donation shall be based on hours donated regardless of how many hours they work per day.

Approval of superintendent or designee: _____ Date: _____