



Evergreen Teachers Association Catastrophic Leave Bank Application for Withdrawal of Days

To qualify for a grant, the applicant must have exhausted all personal sick leave and have either:

- a. an absence that is the result of an unforeseen catastrophic illness or injury; or
- b. catastrophic illness or injury in their immediate family requiring their presence.

Date _____

Applicant's Name _____ Work site _____

Home Address _____ City _____ Zip _____

Phone _____ Email _____

Approximate date you become a certificated employee of this district: _____

Approximate number of Sick Leave Days you had at beginning of school year: _____

Number of Days you are requesting from the Catastrophic Sick Leave Bank: _____

Note: maximum of 20 days can be awarded for any application, up to 90 days for any catastrophic illness or event.

Is this application related to Workmen's Compensation? No Yes

If yes, stop here. ESTA Catastrophic Sick Leave Bank does not cover incidents related to Workmen's Compensation.

A grant of sick leave days from the ESTA Catastrophic Leave Bank (CLB) requires that the applicant must have previously contributed one or more sick leave days to the Bank under the terms established in the Side Letter of Agreement governing the creation of the CLB. The ETA Catastrophic Leave Bank cannot alter the terms of the Collective Bargaining Agreement with respect to bereavement or personal necessity days. Under the contract, an ETA member can utilize a maximum of eight personal necessity days in any given school year.

In order to review the nature of your needs, the ETA Catastrophic Leave Bank Committee will need certain information and authorization from you. Please provide each of the following, word-processed, if possible.

- Statement of the facts and explanation of situation by applicant.
- Supporting documentation that must include a note from a doctor that clearly specifies the condition, any limitations, and the length of time needed for recovery.
- The total expected length of absence, including applicant's own sick leave days _____

I declare that the above information is complete and accurate; I recognize the Catastrophic Leave Bank Committee's authority to deny or revoke sick leave days if any statements are found to be untrue; I hereby grant the Committee authority to review my medical or attendance records at the EESD District Office.

Signed _____ Date _____

FAX/Mail this application to ETA Office at 408.272.7569; ETA President, 888 S. Capitol Ave, San José, 95127

Date: Approved Denied

 _____ # days Factors: _____