



EAST SIDE TEACHERS ASSOCIATION CATASTROPHIC SICK 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 catastrophic event or catastrophic injury; or
- b. a calamity or catastrophic illness in their immediate family requiring their presence; and who
- c. exhausted their own accumulated sick leave.

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 Sick Leave Bank (CSLB) 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 CSLB. The ESTA Catastrophic Sick Leave Bank cannot alter the terms of the Collective Bargaining Agreement with respect to bereavement or personal necessity days. Under the contract, an ESTA member can utilize a maximum of seven personal necessity days in any given school year.

In order to review the nature of your needs, the ESTA Catastrophic Sick 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 Sick 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 ESUHSD District Office.

Signed _____ Date _____

FAX/Mail this application to ESTA Office at 408.272.7569; ESTA President, 1333 Piedmont Rd #106, San José, 95132

Date: Approved Denied
_____ # days Factors: