CAJON VALLEY UNION SCHOOL DISTRICT

Catastrophic/Calamitous Event Leave Bank Request Form

For Leave Bank Committee Use Only

Date of Committee Meeting _____
Request Approved: _____ Request Denied: _____
Number of Days Allocated _____
Date Employee Notified _____

Note: This form is for use by CVAA members only.

Legal Name _____ Employee ID #_____

School / Department _____ Job Title _____

I am requesting _____ day(s) from the Catastrophic/Calamitous Event Leave Bank.

Please provide a detailed description of the reason for your request on the lines below (attach any additional pages as necessary). This information will be maintained in strict confidentiality by the Calamitous/Catastrophic Event Leave Bank Committee. All requests for leave bank donations will be answered in writing within ten (10) workdays of the Committee's decision. Completed forms are to be submitted to the Personnel Services Department, Attention: Michelle Hayes, Assistant Superintendent of Personnel Services.

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Note: Please submit verification from your physician, if appropriate.

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Employee Signature *Date*

If you have any questions concerning benefits or eligibility, please contact your association representation.