Sacramento City Unified School District

Appropriate Supervisor

Employee

Human Resource Services

SEIU Catastrophic Leave Request

n addition to filling out this leave over the dates listed below.	e request, you <u>must also a</u>	ttach a	physician's st	atement which must	
lame					
ate the Catastrophic Leave Will egin: Date the Catastrophic Leave Will End:		Will	Extension Yes	t@riglinaRequest: No	
ignature:		Da	Date:		
f the above request is granted, I agree to the following:		•			
doctor's note(s) for review ar days per catastrophic illness of 5. I understand that unused Catas 6. I have read and understand the 7. I will inform Human Resource	r injury. strophic Sick Leave Bank day e Catastrophic Sick Leave Ba	s will bonk guide	e returned to the		
Fo	or Human Resource Service	s Use O	nly		
Date Catastrophic Leave Request Received:		Received By:			
Catastrophic Leave Approved		Catastrophic Leave Not Approved			
ignature: Associate Superintendent, Human Resource Services		Date			
lease keep a copy for your own reco c: Human Resource Services, Pe					

7/19/06; Rev. A PSL-F207 Page 1 of 1