



Catastrophic Illness Bank Request Form

Date: _____

To: **Nikki Washington, Director of Human Resources**

From: **Name of Employee:** _____

CERTIFICATED _____ CLASSIFIED _____

JOB TITLE: _____

RE: Request for Sick and/or Vacation Leave hours/days from the Catastrophic Leave Bank

I have exhausted all my sick or vacation leave balance and would like to request any ___ sick and/or vacation leave days due to the following reasons:

- Illness Illness of a spouse, child/children, or dependent
- Family Emergency Additional Bereavement Days
- Other _____

DATES WHEN LEAVE WILL BE TAKEN	NUMBER OF DAYS REQUESTED

Employee's Signature: _____ **Date:** _____

HR Office Use Only:

