

CATASTROPHIC LEAVE BANK

2022-23 WITHDRAWAL APPLICATION

Name _____ School _____

Address _____ Phone _____

Circumstances (provide pertinent details and attach medical verification)

Number of days _____

Dates requested _____

Physician _____

Phone number _____

I have used all of my available sick leave. I have read and understand all the rules regarding the administration of Article 23.3 - Catastrophic Leave Bank. I hereby certify the statements in this application are true and accurate to the best of my knowledge. I understand a false statement may result in the disqualification of my application to withdraw days from the Catastrophic Leave Bank.

Signature _____ **Date** _____