Shasta Secondary Employees Association (ESP)
Request for Use of Catastrophic Leave Bank
Article 9.11

Date: _____ Site: _____

Name of Person requesting additional sick leave: _____

Hours Requested: _____ Anticipated start date: _____

Reason for request:_____

_____ _____
Date Signature

(Please provide information sufficient enough for the Committee to determine that the criteria for use of CLB are met. Please attach Physician's verification of medical condition)

The SSEA Executive Committee met on _____ and took the following action on your request.

☐ Request approved for _____ hours.

☐ Request denied

_____

_____ _____
SSEA President (or Designee) Date