MENIFEE UNION SCHOOL DISTRICT

APPLICATION FOR CATASTROPHIC LEAVE & DONATIONS

(CERTIFICATED)

Date: _____

NAME: _____ **EMPLOYEE #:** _____

SITE: _____ **CONTRACT DAYS:** _____

 # OF HOURS REQUESTED: _____ (May Not Exceed 480 Hours Per FTE)

I understand that:

- **As an Applicant of donated catastrophic sick leave, I must be currently on an Approved Leave.**
- **Days from the Catastrophic Leave Bank shall not exceed 60 days/480 hours per illness.**
- **All available paid leaves (sick) must be exhausted prior to accepting/utilizing donations from others.**
- **Requests for donations require approval by the District designee and the MTA president per MTA contract.**

I hereby request to be an applicant for Catastrophic Leave donations due to the following reason(s):

_____

_____

_____

_____

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_____

(For additional explanation continue on back)

***Applicant's Signature:*_____*Date:*_____**

OFFICE USE ONLY

<u>Payroll Verification:</u>

Applicant's available sick leave hours:_____ As of:_____ Verified By:_____

☐ **Approved** ☐ **Disapproved**	☐ **Approved** ☐ **Disapproved**
District Designee Date	MTA President Date

Return completed application to the Payroll Office

11/03/09