



Catastrophic Leave Fund
Employee Application Form
YCCD/CSEA, Chapter 420

Part A (To be completed by the employee)

I, _____, having reviewed Article 13 of the CSEA/YCCD Negotiated Agreement, apply for use of Catastrophic Leave due to a catastrophic illness or injury affecting:

- Self
Eligible Family Member

print name and relationship

Leave to begin: _____

Catastrophic Leave may be taken on an intermittent basis. Please initial here if intermittent use is anticipated. _____

Date

Signature

Part B (To be completed by the YCCD Human Resources Office)

Employee qualifies as contributing member Yes No Date
Employee has used all required paid leaves Yes No Date

Date

Signature

Part C (To be completed by the Catastrophic Leave Committee)

- Fund Use [] Approved* [] Denied

*Note: If approved for less time than requested, please indicate. All fund payments subject to availability of funds.

Comments:

For the Committee

Date

Signature

Copy to Employee
Original to HR