

**TEMPLE CITY UNIFIED SCHOOL DISTRICT
CATASTROPHIC LEAVE BANK
EMPLOYEE DELINQUENCY/REPLENISHMENT/NOTIFICATION FORM**

Name: _____

Position: _____

Site: _____

TCEA Contract Article XVIII outlines the terms of your membership and participation in the TCEA Catastrophic Leave program. Currently our records indicate that your membership is in jeopardy of lapsing and one or more of the following terms needs to be addressed.

___ Your full buy-in to the program is incomplete and credits must be transferred and finalized.

___ The Catastrophic Leave credit account is below the determined amount and all participating members must donate to replenish the account. The determined amount is supposed to be _____ and the current balance as of this date is _____.

___ I choose to terminate my membership in the Catastrophic Leave Bank

Signed: _____ Date: _____

Approved by CLB Committee Person: _____

District Office Use Only

Date: _____

Employee: _____

Number of accrued sick leave days on the date of this application: _____

Number of remaining sick leave days after the approval of this application: _____

Processed at the District by: _____

___ Applicant Copy

___ Personnel File

___ CLB Committee