

**TEMPLE CITY UNIFIED SCHOOL DISTRICT
CATASTROPHIC LEAVE BANK
REQUEST WITHDRAWAL**

Name: _____

Position: _____

Site: _____

Under TCEA Contract Article XVIII and pursuant to my eligibility as a participant in the TCEA Catastrophic Leave program, I wish to file a claim for the following:

____ I wish to apply for leave credits due a personal catastrophic illness or injury.

____ I wish to apply for leave credits due to a catastrophic illness or injury to a family member.

I am providing written verification of injury or illness by the appropriate authority and any other comments I choose to divulge.

Signed: _____ Date: _____

____ Approved by CLB Committee ____ Denied by CLB Committee

Comments: _____

Signed: _____ Date: _____

District Office Use Only

Date: _____

Employee: _____

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

Processed at the District by: _____

____ Applicant Copy

____ Personnel File

____ CLB Committee