

Temple City Unified School District
Catastrophic Leave
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: _____

-----Dist
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