

# Hayward Education Association

Phone: 510-538-1051 | Fax: 510-538-9427 | Email: office@heahayward.org

## PAYROLL INFORMATION

TOTAL: \_\_\_\_\_ DAYS GRANTED  
FROM GENERAL BANK

TOTAL: \_\_\_\_\_ DAYS DIRECTLY  
FROM OTHER EMPLOYEE(S)

## CATASTROPHIC LEAVE REQUEST FORM

(Pursuant to HUSD/HEA Agreement Article 11: Leaves of Absence, Section Q)

Please PRINT the following information. READ the agreement carefully. SIGN and DATE below. FORWARD to HEA Office by email or district mail.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Site: \_\_\_\_\_

HUSD Emp # \_\_\_\_\_

or Last 4 of SSN # \_\_\_\_\_

Personal Phone #: \_\_\_\_\_

Personal Email: \_\_\_\_\_

\_\_\_\_\_ sick day(s) I have left.

\_\_\_\_\_ day(s) contributed by other certificated employees that I am submitting.

\_\_\_\_\_ day(s) requested from General Bank. (Maximum five (5) days granted from General Bank, if available, by the approval committee with each request.)

\_\_\_\_\_ **TOTAL DAY(S) REQUESTED** (Including days contributed by other certificated employees and requested from the General Bank.)

\_\_\_\_\_ (yes/no) I anticipate requesting additional days (as available or allowed).

\_\_\_\_\_ (yes/no) I have applied for income protection from Standard Insurance Company.  
(Check with HUSD Benefits Specialist or HR with any questions.)

### Reason/Summary (Please attach Doctor's Verification, if applicable.):

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*I understand that all requests, including my request, will be taken into consideration and processed by the HEA Catastrophic Leave Bank Approval Committee. I pledge that if my request is denied, the Hayward Unified School District, Hayward Education Association and their agents shall be held harmless against a suit or administrative claim alleging that the committee erred by not granting catastrophic leave benefit.*

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

Approval Committee Chair: \_\_\_\_\_

Date: \_\_\_\_\_

HEA President: \_\_\_\_\_

Date: \_\_\_\_\_