

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 SSN # _____

H/C 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.):

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: _____