

## **CATASTROPHIC LEAVE REQUEST FORM**

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

Please COMPLETE the below information. READ the agreement carefully. SIGN and DATE. EMAIL to HEA Office at office@heahayward.org.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site:** \_\_\_\_\_ **HUSD Emp #** \_\_\_\_\_  
**or SSN #** \_\_\_\_\_

**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 ten (10) 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.)

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\_\_\_\_\_ (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 my request will be 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:** \_\_\_\_\_