Request for Use of Catastrophic Leave Bank – Certificated
Article 11.14

Name: ___________________________ Date: _______ Work site: ___________________

☐ Days ☐ Hours # requested _____ Anticipated start date: ______________________

Reason for request. Provide sufficient information for the Committee to determine that the criteria for use of CLB has been met. Please attach Physician’s verification of medical condition.

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The SSEA Executive Committee met on ___________ and took the following action on your request.

☐ Request approved for _____________ days.

☐ Request denied ____________________________________________________________________

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__________________________________________________________________________

SSEA President (or Designee) ____________________________ Date ________________

In union, there is strength --Aesop