



# SANTA PAULA UNIFIED SCHOOL DISTRICT

Governing Board  
Diana Ponce-Gomez, President  
Michelle Kolbeck  
Chris Wilson  
Kelsey Stewart  
Christina Urias  
Superintendent  
Alfonso Gamino

## CERTIFICATED PERSONNEL REQUEST FOR CATASTROPHIC SICK LEAVE CREDITS ARTICLE 18: When employee "...has exhausted all fully-paid sick leave credits."

NAME: \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

POSITION: \_\_\_\_\_

WORK SITE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_ LAST DAY WORKED: \_\_\_\_\_  
(Specify Percentage)

Explanation of catastrophic illness or injury to unit member or immediate family member (*spouse, registered domestic partner, dependent child under age 21, and/or parent*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All my sick leave, including temporary disability benefits, has been exhausted. I understand that the maximum number of days I may receive for this catastrophic illness or injury is fifty (50) days.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Superintendent Designee

\_\_\_\_\_  
Date