



Application for Catastrophic Leave Credits

Name: _____ Social Security Number: xxx-x _____
Mailing Address: _____ Home Phone: _____

To the employee: All of the following must be completed when a Catastrophic Leave Bank member is applying for leave credits:

- I understand that I am responsible for being knowledgeable of all of the provisions governing the Catastrophic Leave Bank, as written in Appendix D of the CCFT/District contract or http://www.ccft.org/
In cases of my own catastrophic injury or illness,* I have attached a written statement and verification of my catastrophic illness or injury from a licensed physician or practitioner indicating 1) the nature and extent of the illness or injury, 2) that I am medically unable to work due to the illness or injury, and 3) the probable length of absence from work.
In cases of my own catastrophic injury or illness, I have verified that my illness or injury does not qualify me for State workers' compensation benefits or that I have exhausted all applicable industrial accident and illness leave benefits.
I have attached a written verification from the Cuesta College Human Resources office that I have used all of the appropriate combination of my available accrued sick, vacation, compensatory, personal necessity, and other paid leave or leave without pay (as determined by Appendix D, Section D of the CCFT/District contract) by the date of this application.
I have attached a signed statement explaining the circumstances that require my absence from work for an extended period of time (due to my or a family member's catastrophic illness or injury).
Dollar amount that I am requesting _____ or number of leave credit hours that I am requesting (e.g., "to cover my paycheck to the end of the XX semester"):

Signature

Today's Date

* CCFT and Cuesta College are required to use the Education Code 87045(a)1 definition of "catastrophic illness" or "injury." The Education Code currently defines these as "an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates a member of the employee's family which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he or she has exhausted all of his or her sick leave and other paid time off."

Make copies for yourself. Return all forms and all appropriate documentation to M. Basti, EB Secretary 2007-08 & CCFT Catastrophic Leave Bank Committee Chairperson, Cuesta College. Revised Mar 2008

CCFT Use Only: Date Rc'd: _____ Membership Eligibility Verified by: _____
Date Committee Met: _____ [] Approved [] Denied Date Notified Employee: _____