

RIPON UNIFIED SCHOOL DISTRICT
CATASTROPHIC LEAVE PROGRAM FOR
ADMINISTRATIVE, MANAGEMENT, CONFIDENTIAL,
ITINERANT & INSTRUCTIONAL AIDES ONLY

Name

Location

Current Position

Payroll ID Number

I hereby contribute _____ day(s)* of sick leave to the Catastrophic Leave Program.

I understand the contribution will be deducted from my sick leave balance and the contribution is irrevocable.

I also understand this contribution qualifies me to request leave from the Catastrophic Leave Program in the event I exhaust all leave entitlement and am suffering from a catastrophic illness or injury, or if a member of my family is suffering from a catastrophic illness or injury and my presence is required to care for the family member.

Final determination of whether to grant the catastrophic leave, if requested, will be made by the Catastrophic Leave Committee.

Signature

Date

NOTE: *Unit members must have permanent status to participate in the Catastrophic Leave Program. Permanent status is at least one year of employment with the District.*

(*minimum donation = 1 day; maximum donation = 5 days)

Return this form to the Personnel Office, no later than September 15th.