

**ATA/AUSD CATASTROPHIC LEAVE
BANK FOR CERTIFICATED
EMPLOYEES**

(Refer to Article X of ATA/AUSD Contract Agreement)

CLB WITHDRAWAL REQUEST APPLICATION

I, or my authorized designee, would like to request a withdrawal of _____ day(s) from the ATA/AUSD Catastrophic Leave Bank (CLB) for Certificated Employees (maximum request is 20 days per withdrawal application).

Please indicate name of immediate family member (or self), which CLB days is intended:

(Please print first/last name)

Immediate Family Relationship (or self)

*** DISCLAIMER Section 5.C.3 of the ATA/AUSD Contract Agreement states:**

The receipt of a donated sick leave credit as defined herein, when combined with other district income, shall not

provide the recipient with a greater monthly district income than he/she received immediately prior to the receipt of the catastrophic sick leave.

Date: _____

Member or Designee Signature

* Please attach an authorized medical statement, which states the catastrophic illness or injury including the estimated length of incapacitation.

* Are you presently enrolled in a Salary Protection Plan? **Yes** **No**

Return this application to:

John Scanlan, Assistant Superintendent-Human Resources
ATA/AUSD/CLB-Catastrophic Joint Committee Representative
1515 West Mission Road
Alhambra, CA 91803

**To Be Completed by Payroll Manager After Receipt of
Withdrawal Request from CLB Member**

As of _____, the above CLB member has a total of _____ sick leave days.

Date: _____

Payroll Manager