

**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION  
ALVORD UNIFIED SCHOOL DISTRICT**

**CLASSIFIED CATASTROPHIC LEAVE  
REQUEST FORM**

I (please print name)\_\_\_\_\_ do hereby request the use of the Alvord Unified School District Classified Catastrophic Leave. I have read and understand the provisions for use of catastrophic leave in accordance with the classified side letter of agreement, as indicated by my signature on this form. I agree to provide any and all information requested by the California School Employees Association and/or the District to verify the nature of my request.

Further, I agree to allow the Association to publish notice of such request in order to notify unit members of my need for a donation. The Association and the District agree to treat all personal information as confidential.

I understand and agree that my signature on this form indicates that I will hold the Association and the District harmless for any and all claims and liabilities arising from the administration of this program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

School Site \_\_\_\_\_

**FOR DISTRICT OFFICE  
USE:**

**APPROVED**

**BY** \_\_\_\_\_ / \_\_\_\_\_  
(CSEA) (District)

**DATE** \_\_\_\_\_ / \_\_\_\_\_  
(CSEA) (District)

**NOTES:** \_\_\_\_\_

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

**(PLEASE ATTACH A STATEMENT OF YOUR NEED FOR USE OF  
CATASROPHIC LEAVE AND ANY NECESSARY DOCUMENTATION.  
RETURN THIS FORM TO THE CALIFORNIA SCHOOL EMPLOYEES  
ASSOCIATION – NOT THE DISTRICT)**

**Copies: District/Association/Payroll/Employee**