

Elk Grove Unified School District
REQUEST FOR CATASTROPHIC LEAVE BANK WITHDRAWAL

EMPLOYEE _____ EIN _____

I am requesting a withdrawal from the Catastrophic Leave Bank for the time period:

From: _____ Through: _____

Reason for Request:

Please attach a medical note or any other documentation you wish the committee to consider, and return your packet to Human Resources, Attention: Personnel Technician – Leave Desk

Signature of Employee

Date

For Human Resources Use Only

Catastrophic Leave Bank Withdrawal Approved: Yes _____ No _____

Approved Dates: From _____ Through _____

Date	_____	Signatures:	(1) _____
(2)	_____	(3)	_____
(4)	_____	(5)	_____
(6)	_____	(7)	_____