



San Jose-Evergreen Community College District  
Catastrophic Illness Leave

**Application for Catastrophic Illness Leave Form**

I, \_\_\_\_\_(name), Manager, Supervisor, or Confidential employee (MSC) of the San Jose•Evergreen Community College District, hereby request that additional sick leave days be credited to me from the District’s Catastrophic Illness Leave Bank (CIL) for MSC employees. I understand that this CIL can only be used for a catastrophic illness. Attached is a physician’s certification statement, which verifies the catastrophic illness or injury as defined in Section 11 of the Handbook for Managers, Supervisors, and Confidential employees. I further understand that to be eligible for this benefit, I must have exhausted all accrued Administrative Leave, sick leave and vacation.

I am requesting \_\_\_\_\_ sick days from the CIL bank.

\_\_\_\_\_  
Employee’s Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chancellor, Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chancellor’s Signature

\_\_\_\_\_  
Date

---

**To Be Completed by Human Resources**

Sick Leave Balance prior to application: \_\_\_\_\_

Sick Leave Balance after receiving donated days: \_\_\_\_\_

\_\_\_\_\_  
Processed by: (Name)

\_\_\_\_\_  
Date