



**San Jose/Evergreen Community College District
Catastrophic Illness Leave for Classified Represented**

Application for Sick Leave Form

I, _____, CSEA member of the San
(Please print your name)

Jose/Evergreen Community College District, hereby request that additional sick leave days be credited to me from the District's Catastrophic Illness Leave (CIL) Bank for Classified Represented. I understand that this CIL Bank can only be used for catastrophic illness or injury. Attached is a physician's certification statement, which verifies the catastrophic illness or injury as defined in the CSEA Collective Bargaining Agreement. I further understand that to be eligible for this benefit, I must have exhausted all accrued vacation, compensatory time off, and sick leave.

I am requesting _____ sick days from the CIL Bank (maximum is 40 days).

CSEA Member's Name (please print)

Employee ID

CSEA Member's Signature

Date

Vice Chancellor, Human Resources

Date

CSEA President's Signature

Date

To Be Completed by Human Resources

Accrual Balance prior to application:

Vacation: _____

Compensatory Time: _____

Sick Leave: _____

Sick Leave Balance after receiving donated days: _____

Date Posted to Balance

Total days used: _____	Days Returned to Bank: _____
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