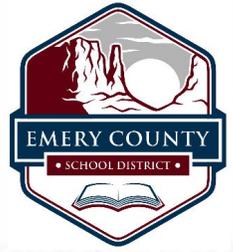


Emery County School District



Catastrophic Leave Enrollment Form

This form remains in effect until revoked in writing

Name: _____

Work Location: _____

Job Title: _____

Job Classification: _____

(Administrative, Licensed, ● Classified)

By signing below, I agree to the following:

1. I have read and understand District Policy GECD—Catastrophic Leave regarding the Catastrophic Sick Leave Bank, and agree to donate one day (or comparable hours) of my allotted leave to the bank beginning with the current fiscal year and continuing each fiscal year thereafter until revoked by me in writing.
2. I understand that by donating to the bank, I am eligible to apply for catastrophic leave from the bank to cover absences caused by catastrophic illnesses for myself, or for immediate family members who are suffering from a catastrophic illness or condition. I understand that the granting of catastrophic leave is not guaranteed.
3. I understand that in order to apply for leave from the bank, I must first use all of my personal leave, compensatory leave (if applicable), vacation leave (if applicable), and sick leave balance, with the exception of five (5) days of sick leave, prior to being eligible.
4. I understand that in order to apply for leave from the bank, I will be required to provide all documentation listed on the application to support my request.
5. I also understand that the bank is not for short-term illnesses and that the Catastrophic Leave committee will determine the granting of leave from the bank.

Employee Signature

Date