

SWEETWATER UNION HIGH SCHOOL DISTRICT

REQUEST FOR CATASTROPHIC LEAVE DONATIONS

Employees who are suffering a long-term illness or disability and expect to exhaust all paid leave may request donated sick leave.

Absent Employee's Name _____ SS# _____ - -

Absent Employee's Job Title _____ Absent Employee's Work Site _____

Please check bargaining unit/group SEA SCGA NAGE MASD CSEA CONFIDENTIAL

Phone Number where employee or designee can be reached _____

If absent employee cannot be contacted, name of person (designee) requesting _____

*Number of days requesting _____

*A statement from the licensed treating physician MUST be attached defining:

- The severity of the injury/illness
- Expected duration of disability
- Name, address and phone number of physician

Employee HIPAA Authorization (For the use and/or disclosure of protected health information as it relates to determining eligibility for Catastrophic Leave donation with terms of the federal HIPAA privacy regulations, 45 C.F.R. 164.508 and the Confidentiality of Medical Information Act, Cal. Civ. Code 56 et seq.) My authorization for use or disclosure of medical information is to be used exclusively in determining my request. I authorize information to be shared with the District and employee Association Catastrophic Leave Committee for determining approval of such leave. I further understand that I may revoke this authorization at any time. My revocation must be in writing and received by Benefits Office of Sweetwater Union High School District.

Signature of Employee/Designee

Date

Approved Days to be applied _____

Disapproved

District Signature/Title

Date

Employee Representative Signature/Title

Date

SUBMIT FORM TO BENEFITS OFFICE

Revised 1/06