

**RETURN COMPLETED FORM TO CLASSIFIED PERSONNEL**

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT**

**CLASSIFIED CATASTROPHIC SICK LEAVE BANK**

**REQUEST FOR WITHDRAWAL**

Pursuant to the provisions of Section 13.14 of the PYLUSD/CSEA Collective Bargaining Agreement, I request a maximum of \_\_\_\_\_ sick leave days drawn from the bank to be deposited to my sick leave account. I understand that days requested but not utilized will be returned to the bank. I also understand that a physician's verification of the catastrophic illness/injury and estimated date of return must be attached to this form.

\_\_\_\_\_  
Name (Please Print)

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE RETURN TO THE CSEA PRESIDENT C/O PERSONNEL OFFICE

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**Do Not Write Below This Line**

APPROVED BY:

\_\_\_\_\_  
Sick Leave Bank Committee Member Date

\_\_\_\_\_  
Sick Leave Bank Committee Member Date

\_\_\_\_\_  
Sick Leave Bank Committee Member Date

\_\_\_\_\_  
Sick Leave Bank Committee Member Date

\_\_\_\_\_  
Sick Leave Bank Committee Member Date