**TEMPLE CITY UNIFIED SCHOOL DISTRICT**

**FISCAL SERVICES**

Our records indicate that you have days of accumulated sick leave through June 30, 20\_\_ (includes days to be earned this school year). Absences for September have not been deducted.

If you have any questions, please call (626) 548-5150

Reminder: As per your contract, you are allowed to use from your available sick leave a maximum of five (5) days per school year for personal business. Anything in excess of the allowable 5 days will be deducted from your pay.

\_\_\_\_Our records indicate that you are already a member of the Catastrophic Leave Program

**TEMPLE CITY UNIFIED SCHOOL DISTRICT**

**Catastrophic Leave Bank**

**Membership/Donation From**

The Catastrophic Leave program is a voluntary program for TCEA members. The program is designed to help members who have exhausted all of their sick leave and need additional time. (TCEA Contract -Article XVIII)

If you wish to participate In the Catastrophic Leave Program, please fill out the-following form and return it to the Payroll office of TCUSD. If you are al­ ready a member of the program, you may also donate additional days.

Name(print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to participate in the TCEA Catastrophic Leave Bank by donating at least two (2) sick days (a.k.a. leave credits). I understand the terms, and will abide by the rules delineated in Article XVIII of the TCEA contract.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Our records indicate that you are NOT a member of the Catastrophic Leave Program. If you wish to participate in the Catastrophic Leave program, fill out and return the right side of this document to certificated payroll.

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

Select one of the options below:

\_\_\_\_Two sick days this year.

\_\_\_\_One sick day per year for two consecutive years starting this year.

\_\_\_\_I am already a participant, but wish to donate sick days.

\*Please return to Certificated Payroll by November 1st