Newark Teachers Association

Catastrophic Leave Application

Applicant Name: _____ School/Site: _____

School/Site Telephone: _____ Home Telephone: _____

Number of years employed by the Newark Unified School District: _____

Number of Sick Leave days used for absence/disability/illness: _____

Number of unused Sick Leave days remaining for use by applicant: _____

Estimated number of leave days needed: _____

Please write a description of your need for Catastrophic Leave. This information will remain confidential. However, upon approval of the application, your name will be released to District employees so they can donate their sick leave days to you.

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Applicant's Signature: _____ Date: _____

Approved: _____ Not Approved: _____ Date: _____

Catastrophic Leave Committee Members responsible for application review:

_____ _____

_____ _____

_____ _____