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:

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