

# BOOKER INDEPENDENT SCHOOL DISTRICT

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## CATASTROPHIC SICK LEAVE BANK Benefits Request

Employee: \_\_\_\_\_

Contact information: \_\_\_\_\_

Position Held: \_\_\_\_\_ Work Location: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time (list number of hours worked per day): \_\_\_\_\_

I request \_\_\_\_\_ day(s) from the Catastrophic Sick Leave Bank.  
(20 days maximum per request with the opportunity to receive a total of 40 days)

Dates of requested days: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In your own words, describe the reason you are requesting this leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If illness pertains to family a member please state relationship: \_\_\_\_\_  
Only employee and immediate family members qualify employee for consideration.

**Please attach documentation verifying need and dates if possible.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For CSLB Committee Use Only

Committee Action:       Approved     Disapproved      Date: \_\_\_\_\_

Number of days approved (maximum of 20 days): \_\_\_\_\_

Signature of CSLB Committee Chairperson: \_\_\_\_\_

Please submit immediately to the Business Manager at the Administration Office.