

Appendix E

Catastrophic Leave Bank

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ANTELOPE VALLEY TEACHERS ASSOCIATION (AVTA)
CATASTROPHIC LEAVE BANK
CONTRIBUTION/CONTRIBUTION CANCELLATION AUTHORIZATION

AVTA represented certificated employees who wish to participate in the Bank must SUBMIT THIS FORM TO THE DISTRICT PAYROLL OFFICE between July 1 and October 1 to be eligible to participate in the forthcoming school year. Employees returning from extended leave or new hires must select A or B within 30 calendar days of beginning work. The selection of Option A will allow the employee to participate in the current year. Option B is required of all new or returning employees who do not wish to participate in the Bank. Option C is available to enrolled members.

- A. I hereby authorize the Antelope Valley Union High School District to automatically deduct a minimum of one (1) day of sick leave each year (Ed. Code Section 44043.5), for no less than three years (AVTA Agreement 5.11.2.8) from my annual sick leave allocation. Contributions shall be credited to the Antelope Valley Teachers Association (AVTA) Catastrophic Leave Bank for distribution per the conditions specified in the AVTA Collective Bargaining Agreement (Section 5.11) dated July 1, 2008. I understand that all donations are irrevocable.

Certificated Employee Name: _____
(Please Print)
Signature: _____ Date: _____

or

- B. I do not wish to participate in the Antelope Valley Union High School District Certificated Catastrophic Leave Bank.

Certificated Employee Name: _____
(Please Print)
Signature: _____ Date: _____

or

- C. I hereby cancel all further donations (after a minimum of three deductions) to the AVTA Catastrophic Leave Bank.

Certificated Employee Name: _____
(Please Print)
Signature: _____ Date: _____

DISTRICT ACTION

Request Authorized: _____ Yes _____ No

Reason for Denial: _____

Authorized District signature: _____ Date: _____

Completed Copy to Personnel File

ANTELOPE VALLEY TEACHERS ASSOCIATION (AVTA)
CATASTROPHIC LEAVE BANK WITHDRAWAL REQUEST
(Submit to Bank Committee)

Bank Participant (Please Print): _____

Address: _____ Phone: () _____

First Request _____ or Extension _____ Number of sick leave days requested _____ (*No more than 30 per request*)

I declare that I meet all conditions specified in the Antelope Valley Teachers Association (AVTA) Catastrophic Leave Bank (AVUHSD/AVTA Collective Bargaining Agreement Section 5.11 dated July 1, 2008, and E.C. 44043.5) and specifically state that:

- I am an AVTA represented Certificated employee on active duty with the Antelope Valley Union High School District (AVUHSD) and have voluntarily contributed to the Bank.
- I have exhausted all accrued leaves, am unable to return to work, and wish to withdraw from the Bank for catastrophic illness injury.
- I have attached a doctor's statement indicating the nature of my illness or injury is catastrophic and the probable length of my absence from work.
- I understand that:
- The first 10 duty days of illness or disability must be covered by my own sick leave differential leave, or leave without pay.
- If I have drawn 30 Catastrophic Leave Bank days and I request an extension, the committee may require a medical review by a physician of the committee's choice at my expense. My refusal to submit to the medical review will terminate my continued withdrawal from the Bank. The committee may deny an extension of withdrawal from the Bank based upon the medical report.
- Leave from the Bank may not be used for illness or disability which qualifies me for Workers' Compensation Benefits unless I have exhausted all Workers' Compensation Leave, my own sick leave, and provided further that I sign over any Workers' Compensation checks for temporary benefits to the District.
- When the committee may reasonably presume that I may be eligible for a Disability Award or Retirement under STRS or, if applicable, Social Security, the committee may request that I apply for Disability or Retirement. If denied benefits by STRS or Social Security, I must appeal, or entitlement to the Catastrophic Leave Bank shall cease.
- Withdrawals shall become effective immediately upon exhaustion of sick leave or the waiting periods provided for in the agreement, whichever is greater.
- The recipient shall use any leave credits continuing to be accrued on a monthly basis prior to receiving other donated leave credit.

Is this illness or disability the result of a work related incident: Yes _____ No _____
 Are you eligible for disability coverage? Yes _____ No _____
 Have you applied for disability coverage? Yes _____ No _____
 Are you eligible for retirement? Yes _____ No _____

Please attach a copy of your request response letter

Signature of Bank Participant Requesting Withdrawal: _____ Date: _____

(If the participant is incapacitated, applications may be submitted to the committee by the participant's agent or family member.)

AVTA Committee Action:

Requests must meet all conditions specified in the AVUHSD/AVTA Collective Bargaining Agreement and Education Code and be verified as valid prior to approval.

Bank Withdrawal Request: Approved _____ Denied _____ Maximum number of days authorized (no more than 30 per request) _____

Signature of Catastrophic Leave Bank Committee Members

Date

I declare the above committee members are appropriately authorized and their determination is supported by AVTA.

Signature of President, AVTA: _____ Date: _____

NOTE: A copy of every request, whether approved or denied, is to be forwarded to the District Payroll Office.

District Action:

Number of eight (8) hour "days" in AVTA Catastrophic Leave Bank _____ as of _____ (date).

Date of last deposit by participant: _____ Participation deduction rate: One day equals _____ hours.

Transfer Authorized _____ Transfer Denied _____ No Action Required _____

Authorization District Signature: _____

Reason for Denial: _____