

MONTEREY COUNTY OFFICE OF EDUCATION

**REQUEST FOR CATASTROPHIC SICK LEAVE**

I, \_\_\_\_\_, request Catastrophic Leave. I understand my eligibility requires an illness or injury that is expected to incapacitate me for an extended period of time.

I also understand I must utilize all fully paid leave, including accrued sick leave, vacation and compensatory time before I am eligible for Catastrophic Leave.

Based upon the enclosed medical verification from my doctor, I am requesting donation of sick leave.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail or deliver this completed form to the Human Resources Department:

MCOE/Human Resources  
P.O. Box 80851  
901 Blanco Circle  
Salinas, CA 93912-0851