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