



Catastrophic Sick Leave Bank Participation Form

The Ventura Unified Education Association, in agreement with the Ventura Unified School District, has established an Employee Catastrophic Sick Leave Bank to aid employees who are in need of additional sick days due to serious or catastrophic illness or injury.

All Certificated employees (including certificated management) who are probationary or permanent and who are active duty with the District, are eligible to contribute to and draw upon the Catastrophic Sick Leave Bank. **New employees must complete and properly file a participation form with thirty (30) days of achieving probationary or permanent employment status in order to be eligible for participation for the remainder of the eligibility year.** For more information on the Catastrophic Sick Leave Bank, please refer to Article 37 of the VUEA/VUSD Contract or contact your VUEA site representative.

Open enrollment closes on September 30th of each year. Once you are a member, you shall remain a member until you complete the necessary form to cancel participation.

Please remember that you have thirty (30) days after you achieve probationary or permanent status to complete the form below and submit it to the Payroll Office. If you have any questions please contact Certificated Human Resources office at 641-5000 x1150.

Please complete the following information and submit form to the Payroll office only if you wish to participate in the Catastrophic Sick Leave Bank.

EMPLOYEE NAME: _____

LAST 4 DIGITS SS#: _____

SCHOOL SITE: _____

JOB TITLE: _____

Effective with the 20____/20____ school year, I wish to participate in the Catastrophic Sick Leave Bank as provided for in the Contract of Agreement between the Ventura Unified School District and the Ventura Unified Education Association, Article 37. I understand that participation is voluntary and that my annual rate of contribution for each school year shall be one regular day of sick leave.

Signature: _____

Date: _____