



FALLBROOK UNION

ELEMENTARY SCHOOL DISTRICT

CATASTROPHIC EVENT/ILLNESS LEAVE BANK REQUEST FOR WITHDRAWAL

Please print clearly:

Name of Employee Requesting: _____

Maximum Number of Days Requesting (May not exceed 50 days): _____

State reason(s) for requesting utilization of the Leave Bank:

(Please be as specific and complete as possible. If illness or surgery please include Doctor's verification)

Employee Signature: _____ Date: _____

Peer Review Committee

Disposition of Request:

Date: _____ Approved: _____ # of Days: _____ Maximum Days Disapproved: _____

Approved By: _____
