



**HUMAN RESOURCES DEPARTMENT**  
701 NORTH MADISON STREET • STOCKTON, CA 95202-1687  
(209) 933-7065 Fax 465-1094

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To: New Certificated Employee  
From: Human Resources Department  
Subject: **CATASTROPHIC LEAVE BANK**

Article 7, Section 7.17 of the Stockton Teachers Association (STA), and Article 9, Section 9.19 of the Stockton Pupil Personnel Association (SPPA) collective bargaining agreements provide for the establishment of a Catastrophic Leave Bank for enrolled members. The intent of the bank is to provide sufficient, fully paid sick leave to cover the 30-day waiting period required by the District's long-term disability insurance carrier. Participation in the program is optional.

New certificated employees have 30 days from their hire date to enroll in the catastrophic leave program. New employees who do not apply within the first 30 days of employment may not have another opportunity to enroll unless the Catastrophic Leave Bank Committees for STA and SPPA determine that it is necessary to have an open enrollment period.

**If you are interested in participating, please complete and submit the required enrollment form no later than 30 days from your date of hire\*. Forms submitted after that date will not be accepted.**

For additional information about the program, please refer to the appropriate section of your collective bargaining agreement, or contact your union representative.

*\*SPPA Employees who elect enrollment are required to enroll in the Group Income Protection Plan.*



STOCKTON UNIFIED SCHOOL DISTRICT  
STOCKTON TEACHERS ASSOCIATION



CATASTROPHIC LEAVE BANK ENROLLMENT FORM

**Instructions:** Complete all sections of this form - failure to fully provide requested information may delay your enrollment. Sign and return all copies to the District Personnel Office for processing. You will receive a completed copy for your records.

SUSD ID # \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Address: \_\_\_\_\_  
  CITY  STATE  ZIP CODE

Work Phone: (     ) \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_  
                    AREA CODE  AREA CODE

STA Bargaining Unit Member? Yes \_\_\_ No \_\_\_

I HEREBY APPLY FOR MEMBERSHIP IN THE CATASTROPHIC LEAVE BANK, AND DONATE ONE (1) DAY ACCUMULATED SICK LEAVE TO THE BANK TO PROVIDE FOR SUCH MEMBERSHIP. IN ADDITION, I AUTHORIZE FUTURE DEDUCTIONS OF ONE DAY PER SCHOOL YEAR FROM EARNED SICK LEAVE TO BE CREDITED TO THE BANK. I UNDERSTAND THAT THE DONATION OF EARNED SICK LEAVE IS NON-REFUNDABLE. I UNDERSTAND I MAY WITHDRAW FROM THE CATASTROPHIC LEAVE BANK PROGRAM BY PROVIDING WRITTEN NOTICE OF THE INTENT TO WITHDRAW DURING THE PERIOD OF JUNE 15 TO JUNE 30 OF EACH FISCAL YEAR, TO BE EFFECTIVE FOR THE FOLLOWING FISCAL YEAR.

MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF ARTICLE 7, SECTION 7.17, OF THE COLLECTIVE BARGAINING AGREEMENT WHICH ESTABLISHES THE CATASTROPHIC LEAVE BANK PROGRAM.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT ONLY**  
Employee's Hire Date: \_\_\_\_\_ Date Form Received: \_\_\_\_\_ Eligible? Yes \_\_\_ No \_\_\_  
Comments (if not eligible): \_\_\_\_\_  
Processed by: \_\_\_\_\_ On (date): \_\_\_\_\_ Employee Copy Sent: \_\_\_\_\_ STA Copy Sent: \_\_\_\_\_ By: \_\_\_\_\_

DISTRIBUTION: Original - Personnel File  
Yellow - Employee  
Pink - STA

Pers:cmc  
7/08