

# WACO INDEPENDENT SCHOOL DISTRICT

## Catastrophic Leave Bank Request

Name of Employee: \_\_\_\_\_ Position: \_\_\_\_\_  
Employee ID #: \_\_\_\_\_  
Campus or Work Site: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ day(s) Request  Beginning Date: \_\_\_\_\_  
(Max. 30 days)

\_\_\_ day(s) Extension  Ending Date: \_\_\_\_\_  
(Max. 30 days) Beginning Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_

Date of employment in Waco ISD: \_\_\_\_\_

Reason for leave request: \_\_\_\_\_  
\_\_\_\_\_

Last sick leave day: \_\_\_\_\_

Leave request will be granted in accordance with WISD Board Policy DEC. A copy of this policy may be obtained from the immediate supervisor or from the Absence and Leave Specialist in the Department of Human Resources.

A copy of the form "Certification of Physician or Practitioner, Catastrophic Leave", completed by the physician or practitioner must accompany this request. **These forms must be returned within 5 working days.**

Employee Signature	Date
Principal/Supervisor Signature	Date
CLB Committee Signature	Date
CLB Committee Signature	Date
CLB Committee Signature	Date

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Return completed forms to Department of Human Resources, Janey Fall, Absence and Leave Specialist or Fax to 755-9423.