

123 West Johns Road Boerne, Texas 78006

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CATASTROPHIC LEAVE PROGRAM APPLICATION FORM

<u>WARNING:</u> If you carry long/short term disability insurance either through Boerne ISD or an independent carrier, you must call them <u>before</u> applying for the district's Catastrophic Leave Program as you may lose or otherwise jeopardize any long/short term disability benefit you may be entitled to.

EMPLOYEE (DONEE):	EMPLOYEE ID NUMBER:
ADDRESS: City State	PHONE NO.:
City State	Zip
POSITION/JOB TITLE:	CAMPUS/DEPT./SITE:
EMPLOYEE SIGNATURE:	DATE:
NO. OF DAYS REQUESTED:	FIRST DAY OF ABSENCE:
	ESTIMATED DATE OF RETURN:
CATASTROPHIC CONDITION: SELF SPOUSE CHILD PARENT	
BRIEF DESCRIPTION OF ILLNESS, CONDITION, OR INJURY: (FOR HR DEPT. USE ONLY)	
THE FOLLOWING INFORMATION MAY BE RELEASED TO PROSPECTIVE DONORS:	
A Statement* from your physician verifying the need for extended sick leave <u>must</u> be submitted with this request. *Catastrophic Leave Program Physician Certification Form	

My signature above indicates that I have read the Boerne ISD Catastrophic Leave Program policy in full and I understand the following:

- 1. I must be a full or part-time employee (20 hours weekly minimum) to meet eligibility.
- 2. I must be in good standing with the District and/or the Texas Education Agency or any division thereof
- 3. I have worked for the Boerne ISD for a minimum of 90 calendar days counting and including the first day of employment.
- 4. I have exhausted or depleted all leave available to me including, but not limited to, existing local sick leave, carryover local sick leave, state sick or personal leave, and vacation or non-duty days, if applicable.
- 5. I agree to a disclosure of information about my illness, condition, or injury or that of my immediate family member as defined by this Catastrophic Leave Program that is sufficient in detail to inform the Human Resource Department of the need for additional leave. To this end, by virtue of signing and submitting this application, I release and hold the Boerne ISD and its Board of Trustees, administrators, and employees harmless from any liability whatsoever regarding the publication of such information. I expressly waive any claim of confidentiality to such information whether such protection is afforded by state or federal law. The Human Resources Department will seek my approval on any information that is published.
- 6. The Boerne ISD shall have the right to require that I or my immediate family member submit to an independent medical examination at the time I make application to the leave bank or at any time that I am an active participant in the leave bank program.

PLEASE SUBMIT THIS APPLICATION FORM TO: HUMAN RESOURCES DEPARTMENT