



CATASTROPHIC SICK LEAVE BANK – CLASSIFIED EMPLOYEES

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

All classified employees (including confidential and management employees) who have achieved permanent status with the Ventura Unified School District, and are on active duty with the district are eligible to contribute to and draw upon the Catastrophic Sick Leave Bank. For more information on the Catastrophic Sick Leave Bank, please refer to Sections 27.2, 27.3, and 27.4 of the VUSD/VESPA Contract or contact your VESPA site representative.

- **New employees** must complete and properly file a participation form within thirty (30) calendar days of achieving permanent status in order to be eligible for participation for the remainder of the eligibility year. If you have any questions regarding your probationary status, please contact the Classified Human Resources Office at (805) 641-5000, ext. 1170.
- All other unit members may elect to join or cancel participation in the Bank once each year. The eligibility year begins on October 1 and ends on September 30.
 - Unit members must sign up by September 30 of the year they are going to enroll in the Bank.
 - For new enrollees, the unit member must have regular sick leave time available to contribute by September 30 in order to be eligible to participate starting October 1.
 - Once the unit member has completed the necessary enrollment form, the unit member shall remain a member of the Catastrophic Sick Leave Bank until such time as they complete the necessary form to cancel participation in the Catastrophic Sick Leave Bank.

To Enroll: Please Complete the Information Below, and Return This Form to the Payroll Department

CATASTROPHIC SICK LEAVE BANK PARTICIPATION FORM

Employee Name: _____ **Last 4 digits of Social Security #:** _____
Classification: _____ **Site/Department:** _____
Email: _____ **Phone:** _____

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 Education Support Professionals Association, Sections 27.2, 27.3, and 27.4. I understand that participation is voluntary and that my annual rate of contribution for each school year shall be one (1) regular day of sick leave.

 Employee Signature _____
Date

PAYROLL USE ONLY

- APPROVED.**
Your CSLB application has been approved. One (1) day of sick leave will be deducted from your regular sick leave balance as outlined above.
- NOT APPROVED.**
- | | |
|--------------------------|---|
| <input type="checkbox"/> | <i>You must be a permanent employee. Your application will be held until you achieve permanent status with the District. At that time, your application will be processed.</i> |
| <input type="checkbox"/> | <i>You did not submit your application within 30 days of achieving permanent status with the District. Your application will be held until September 30th. At that time, you will be enrolled in the CSLB, and will be eligible to participate starting October 1st.</i> |
| <input type="checkbox"/> | <i>You do not currently have one (1) day of regular sick leave available to contribute at this time. If you are interested in participating in the future, you must submit a new enrollment form next fiscal year, (no later than September 30th), in order to participate. At that time, you must have 1 day of sick leave available to contribute in order to participate.</i> |

Notes to Employee (if needed): _____

