

APPENDIX F

ORANGE UNIFIED SCHOOL DISTRICT

CLASSIFIED SICK LEAVE BANK

REQUEST FOR WITHDRAWAL

Pursuant to the provisions of Section 6.1200 of the OUSD/CSEA Collective Bargaining Agreement, I request a maximum of _____ sick leave days drawn from the bank to be deposited to my sick leave account. I understand that days requested but not utilized will be returned to the bank. I also understand that a physician's verification of the catastrophic illness/injury and estimated date of return must be attached to this form.

Name: _____
(Print)

Signature: _____

Date: _____

Do Not Write Below This Line

APPROVED BY:

Sick Leave Bank Committee Date

Sick Leave Bank Committee Date

Sick Leave Bank Committee Date

Sick Leave Bank Committee Date