



## OPTIONAL CATASTROPHIC LEAVE PROGRAM PARTICIPATION REQUEST FORM – Local 1

I, \_\_\_\_\_, a permanent employee of the Contra Costa Community College District, hereby request to participate in the Catastrophic Leave Program under the District adopted personnel procedures and affirm that I have read and understand the parameters set forth in those procedures. I agree to have participation begin on July 1, \_\_\_\_\_. I agree to automatically donate and have deducted one (1) day<sup>i</sup> of the same type of leave each July 1 until I formally request to opt out of the program by notifying the District Office Human Resources Department no later than June 1 for changes effective that July 1 or am no longer employed by the District.

I hereby direct that the Contra Costa Community College District deduct one (1) day from my accumulated sick or vacation leave as indicated below.

### Individual Catastrophic Leave Program Coverage

Sick Leave                       Vacation Leave

I hereby direct the Contra Costa Community College District to deduct one (1) day from my accumulated sick or vacation leave as indicated below.

### Family Catastrophic Leave Program Coverage

*\*\*Individual coverage is required to participate in family catastrophic leave program coverage\*\**

Sick Leave                       Vacation Leave                       Decline Family Coverage

### End Participation in Catastrophic Leave Program

I hereby direct the Contra Costa Community College District to remove me from the Catastrophic Leave Program effective July 1, \_\_\_\_\_.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<sup>i</sup> A “day” shall be defined as the employee’s normal, regular service day at the point of donation or usage. Changes in months of service and/or hours worked per week shall not be factored in donation or usage.

<i>For District Human Resources Use Only</i>	
Date Received:	Received By: