OPTIONAL CATASTROPHIC LEAVE PROGRAM
PARTICIPATION REQUEST FORM – Unrepresented Employee Groups

I, _____, an 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[i] 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

[i] 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.

For District Human Resources Use Only

Date Received: Received By:

Adopted Personnel Procedure:
Management, Supervisory, and Confidential Employees Personnel Manual
Section 12.0 Leaves: 12.4 Optional Catastrophic Leave Program

Distribution:
District Human Resources Office