

MDEA Catastrophic Sick Leave Bank

Participation Request Form

The Catastrophic Sick Leave Bank (CSLB) was designed by MDEA to provide income protection to participants in the event of a catastrophic illness.

To be eligible for participation, an individual must be a dues-paying member of MDEA that has attained permanent status in their employment with the Mt. Diablo Unified School District (MDUSD) and is an active employee of the district.

To join the CSLB, an eligible member must contribute one sick day. Eligible members may join the CSLB at any time, but members who join after September 30th must complete a 30 day waiting period before they may withdraw from the bank.

Members who join the bank before the August pay warrant need not have any remaining accumulated sick days - the required contribution of one (1) sick day will be deducted when the annual sick leave days are credited with the August pay warrant.

Members who join the bank after the August pay warrant must have at least one (1) sick day in their sick leave balance in order to make the required contribution of one (1) sick day.

In the event of a catastrophic illness, a CSLB participant may apply to withdraw up to 75 days per year from the bank. These days can then be used to continue income just as sick days in a sick leave balance can be used. Only participants will be permitted to withdraw days from the bank.

Further information about the CSLB is available in the Collective Bargaining Agreement (MDEA Contract) in Article 19, Section 24.

By signing below, a MDEA member is requesting to become a participant in the bank. If the member meets the requirements for participation, one (1) sick day will be deducted from their MDUSD sick leave balance and they will be added to the roster of participants.

Name _____

Employee Identification Number _____

Site _____

Job Title _____

I understand the terms of eligibility for the Catastrophic Sick Leave Bank (CSLB) and I am requesting to join the Bank. I agree to contribute one (1) sick leave day to the CSLB.

Signature _____ Date _____