

	<p align="center">RIVER BEND EDUCATION DISTRICT 1315 S Broadway Street New Ulm, MN 56073 ph(507) 359-8700 fax (507) 359-1161</p>
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CATASTROPHIC SICK LEAVE REQUEST FORM

I, _____ would like to request catastrophic sick leave due to _____.

I am a River Bend Education Member and have exhausted all my Sick Leave due to the above catastrophic event.

Amount of Sick Leave Requested: _____

Start Date: _____

End Date: _____

Employee Signature: _____

Date: _____

____ Please attach signed statement from a physician describing the medical condition and why the nature of that condition would need to result in time off of work.

Approved by: _____

Date: _____

This is for licensed staff only. See Master Agreement (Teachers); Article X, Section 6 for more of an explanation.