



# San Marcos Unified School District

## Catastrophic Leave Bank

### Physician's Certification of Catastrophic Illness or Injury

Employee is to obtain a written certification from his/her treating physician and submit it, along with the request of withdrawal from the Catastrophic Leave Bank, to:

San Marcos Unified School District  
Human Resources  
Attn: Amber Christman  
255 Pico Avenue, Suite 250  
San Marcos, CA 92069  
(760) 752-1246

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

**INSTRUCTIONS TO PHYSICIAN:** In addition to sick and vacation leave benefits, the San Marcos Unified School District also provides a peer-funded Catastrophic Leave Bank for employees who are personally suffering from illnesses that are catastrophic in nature. The District defines catastrophic to mean potentially life-threatening, severe, and/or incapacitating illness or injury which is expected to continue for an extended period of time which prevents the bargaining unit member from performing his/her duties for an extended period of time or affects an immediate family member.

**TREATING PHYSICIAN'S STATEMENT:** I certify that the employee is experiencing potentially life-threatening, severe, and/or incapacitating illness or injury which is expected to continue for an extended period of time which prevents the bargaining unit member from performing his/her duties for an extended period of time or affects an immediate family member.

This employee is anticipated to return to regular duty on: \_\_\_\_\_ (Date)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
California License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Phone Number