

CAJON VALLEY UNION SCHOOL DISTRICT

*Note: This form is for use by Cajon Valley Education Association (CVEA) bargaining unit members only.*

Legal Name

Employee ID #

ttach any

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Note: Please submit verification from your physician, if appropriate.

Employee Signature

Date

*If you have any questions concerning benefits or eligibility, please contact your CVEA representative.*