



# Santa Ana Educators' Association Inc. CTA-NEA

2107 North Broadway, Suite 305 • Santa Ana, California 92706  
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## H.E.L.P. Health Emergency Leave Program \*Enrollment Form\* (Formerly Catastrophic Leave Bank)

The Santa Ana Unified School District is hereby authorized to deduct three (3) days of sick leave from my annual leave allotment for contribution to the Certificated Staff Catastrophic Leave Bank (CLB) as my required membership contribution to the Santa Ana Educators' Association Catastrophic Leave Bank. I understand that one (1) annual leave allotment day will automatically be deducted each year from my leave allotment until I have contributed three (3) Leave Bank days, or I fill out the appropriate form for cancellation. Cancellation of membership occurs automatically if I do not make my annual contribution. This authorization will continue until I revoke it in writing or until the maximum number of days has been contributed. Contributed days are not refundable. I understand that I am required to provide a non-SAUSD email address in order to receive timely confirmation of my enrollment in H.E.L.P. and agree to provide a non-SAUSD email address.

Please print all information  
All applications MUST include a non-SAUSD email address

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ CA ZIP: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
School/Work Site: \_\_\_\_\_  
Grade/Assignment: \_\_\_\_\_  
Personal e-mail: \_\_\_\_\_  
(non-SAUSD)  
Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this Enrollment Form to the  
Santa Ana Educators' Association office at  
2107 North Broadway, Suite 305; Santa Ana, California 92706  
Phone: 714-542-6758

*(Please keep a copy for your records. The SAEA Catastrophic Leave Bank Committee will send an e-mail confirmation of your membership, to the non-SAUSD email address you provided above, within 30 days of receipt of this form. Please let SAEA know if you do not receive it.)*