

Montebello Teachers Association/California Teachers Association • 918 W. Whittier Blvd. Montebello CA • (323) 722-5005

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Executive Committee Commits to School Board Race



The annual Executive Committee retreat was held Tuesday, August 14.

Following a full day of discussions and updates, the Executive Committee members renewed their commitments to “Take Back” the District with a team of endorsed school board members.

President Doug Patzkowski and Treasurer Andy Shinn (BGI) are shown here with the endorsed team of candidates: Jennifer Gutierrez, Marisol Uribe, and Miki Moreno.

An ethical, honest School Board majority is the priority for our District’s recovery.

Are You a Member of The Catastrophic Leave Bank?

The Catastrophic Leave Bank (CLB) allows you to donate sick days to colleagues with catastrophic illnesses. The form is on the back of this *Contact* and at MontebelloTeachers.org.

- You may donate a maximum of 3 days per year providing the donor’s own sick days do not fall below 10 days at the time of the donation.
- You may now automatically donate 1 day per year by checking the appropriate box on the form. You are eligible to participate in the CLB during any year in which you donated at least 1 day.
- All decisions regarding the authorization of CLB days to a catastrophically ill member are made by the Catastrophic Leave Bank Committee.
- The deadline to donate days is **November 15**.

District has 15 Days to Correct Class Size Contact the MTA Office with Concerns

Beginning fifteen days from the first student day, if class size limitations are exceeded, the administration shall have twenty working days in which to correct the situation by reassigning students, providing additional teachers, or providing an additional instructional aide upon request. **The Bargaining Unit member and the administration may also agree to the class size overage stipend.**

This year the fifteenth day of school is **Monday, September 10**. Thus the 20 day counting begins **Tuesday, September 11** and concludes **Monday, October 8**. **Complete the “Class Size Violation Form” on MontebelloTeachers.org on the “Forms” tab. Send the letter to your site principal and copy it to MTA Executive Director Kathy Schlotz.**

MONTEBELLO UNIFIED SCHOOL DISTRICT CERTIFICATED PAYROLL

REQUEST TO DONATE SICK LEAVE

To be completed by donating employees
Submit to: Payroll Department x. 2350

☐ Bargaining Unit Member
☐ Administration

Name: _____ SS# _____

Address: _____

Telephone: _____ Site _____ Extension _____

REQUEST TO DONATE SICK LEAVE

To be completed by donating employees

I am donating _____ days to the Catastrophic leave bank for Certificated Employees of the Montebello Unified School District from my available sick leave for the 2018-2019 school year in accordance with Article XVI, Section 3b of the MUSD/MTA contract. I understand that I may donate a maximum of three (3) days of accrued sick leave, subject to the further conditions and restrictions provided for Article XVI in sections 3b and 3c.

Participation in the Catastrophic Leave Bank is completely voluntary on the part of both donors and applicants. A deposit to the Catastrophic Leave Bank shall be a general donation and shall not be donated to a specific individual for his/her exclusive use. In order to participate in the Catastrophic Leave Bank, the unit member must first waive any and all claims against the District and/or the Association arising from administration of the Catastrophic Leave Bank by signing a waiver and release, which reads as follows:

As a requirement of, and as consideration for my participation in the Catastrophic Leave Bank created by Article XVI of the collective bargaining agreement between the parties, I hereby waive and release any and all claims I may now have, or may have in the future, known or unknown, against the Montebello Unified School District, and/or the Montebello Teachers Association in connection with the administration of the Catastrophic Leave Bank.

☐ I wish to donate one (1) day annually to the CLB.
(Please contact Payroll Supervisor if you wish to discontinue donation)

Signature

Date

Confirmation of Transfer of Sick Leave

_____ Sick Leave available

_____ Sick days transferred to Catastrophic Leave Bank

_____ Days remaining

Signature

Date