



**Permanent Faculty  
Catastrophic Illness Leave  
Application**

Date: \_\_\_\_\_

I, \_\_\_\_\_

*(Print name)*

request the award of \* \_\_\_\_\_ days from the Catastrophic Leave Bank.

*Check One:*

\_\_\_\_\_ I am seriously ill.

\_\_\_\_\_ A member of my immediate family \_\_\_\_\_ (relationship) is seriously ill.

I have attached a physician's statement confirming that a serious illness exists and estimating the length of the illness.

I have exhausted all of my full pay sick leave and will not be receiving any other disability pay (LTD, Workers' Compensation) during the period I have requested leave hours from the Catastrophic Leave Bank. I understand that this leave will be coordinated with differential leave pay.

\_\_\_\_\_  
Signature of Employee or Agent

\_\_\_\_\_  
Date

\*The maximum amount of Catastrophic Illness Leave is 90 days including substitute differential leave.

**SUBMIT TO: HUMAN RESOURCE SERVICES**