



**Classified unit Employees
Catastrophic Illness Leave
Application**

Date: _____

I, _____
(Print name)

request the award of _____ hours 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 leave (sick leave, earned comp time, and vacation leave) and will not be receiving any other disability pay 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

Employee ID #

SUBMIT TO: HUMAN RESOURCE SERVICES