



**Confidential & Supervisory Team  
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 vacation leave and 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.

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

\_\_\_\_\_  
Date

\*The maximum amount of Catastrophic Illness Leave is 720 hours including substitute differential leave. Leaves are approved in allotments not to exceed 240 hours at a time. A new request must be submitted for hours in excess of 240.

**SUBMIT TO: HUMAN RESOURCE SERVICES**