



**Administrative Association
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