



**Part-Time Counselor
or
Part-Time Librarian
Catastrophic Illness Leave
Application**

Date: _____

I, _____
(Print name)

request the award of * _____ hours from the Catastrophic Leave Bank.

Check One:

_____ I am suffering from a catastrophic illness or injury.

_____ A member of my immediate family _____ (relationship) as defined in section 9.9.2 is suffering from a catastrophic illness or injury.

I have attached a physician's statement confirming that a catastrophic illness or injury 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 my number of assigned hours during each week of Catastrophic Illness or Injury.

SUBMIT TO: HUMAN RESOURCE SERVICES