



# Request for Catastrophic Sick Leave Form

To be completed by employee or designee on his/her behalf

**Employee Name:**

**Department:**

**Supervisor:**

**Last Date Worked:**

**Projected Return to Work:**

**Catastrophic Injury or Illness** is a serious health condition (as defined by the FMLA) which requires an employee's absence from duty for a prolonged period of time due to hospitalization or confinement to the home for recovery, except for necessary doctor's appointments, and results in a substantial loss of income because of the exhaustion of all earned sick, vacation, holiday, and compensatory leave time.

**Routine disabilities resulting from elective surgery do not qualify for catastrophic leave.**

The employee must qualify and be approved for FMLA. If the FMLA is exhausted, then the employee must have the doctor complete and submit the **Sick Bank Benefits Questionnaire** to HR before any sick bank benefits can be approved.

The employee may not work another job while receiving benefits from the Sick Leave Bank; a violation of this is subject to immediate termination.

I \_\_\_\_\_ have exhausted all sick, vacation, holiday, and compensatory leave time available to me and request leave from the Catastrophic Sick Leave Bank.

Signature of employee or his/her designee

Date

If designee, state your relationship to the employee:

1st 8-weeks date applied:

HR Signature:

**If requesting time off longer than the 1st 8-weeks, you must re-apply for extended leave:**

2nd 8-weeks date applied:

HR Signature:

COS Signature:

3rd 8-weeks date applied:

HR Signature:

(Must have 15 years of service)

COS Signature: