



**SEIU Catastrophic Leave Request**

In addition to filling out this leave request, you must also attach a physician's statement which must cover the dates listed below.

Name

Date the Catastrophic Leave Will Begin:	Date the Catastrophic Leave Will End:	Extension Yes	Original Request: No
Signature:		Date:	

If the above request is granted, I agree to the following:

doctor's note(s) for review and approval. I understand the maximum days available are eighty (80) days per catastrophic illness or injury.

5. I understand that unused Catastrophic Sick Leave Bank days will be returned to the Bank.
6. I have read and understand the Catastrophic Sick Leave Bank guidelines.
7. I will inform Human Resource Services of any changes to my health status.

**For Human Resource Services Use Only**

Date Catastrophic Leave Request Received:

Received By:

Catastrophic Leave Approved

Catastrophic Leave Not Approved

Signature: Associate Superintendent, Human Resource Services

Date

Please keep a copy for your own records.

cc: Human Resource Services, Personnel File  
 Appropriate Supervisor  
 Employee