



CATASTROPHIC LEAVE POOL APPLICATION

A Catastrophic Event is defined as a mental or physical condition that: (a) will result in death if not treated timely, or (b) requires hospitalization for more than seventy-two (72) consecutive hours, or (c) will create a significant impairment or decrease in life function; or (d) is considered a terminal illness. **NOTE: Pregnancy and elective surgery are not considered severe conditions except when life-threatening complications arise from them.**

Employee's Name	Employee Number
Department	Office Phone

1. This application for this catastrophic leave is a result of (select one):

My own serious health condition (skip to question 2)

A serious health condition of an immediate family member

Provide the following information:

Name of the family member: _____ Relationship to the employee: _____

State the type of care you will provide:

2. Indicate the effect of this condition on your workweek

I will need continuous time off. Indicate time period, if known: _____

I will need continuous time off. Indicate schedule and duration if known: _____

I will need to change my regular work schedule. Explain:

3. Is this request for YOUR OWN serious health condition: Yes No

4. Diagnosis: _____

5. Did the condition or combination of conditions result from an on-the-job injury. Yes No
(Describe injury and date it occurred.)

4. Leave Recipient Signature

Signature **Printed Name**

Signature of (check one): Leave Recipient Representative of Leave Recipient

Date: _____ Relationship of representative to employee: _____

HR USE ONLY: Identity of the Leave Recipient's representative verified using a picture ID by _____.

5. **Department Information:** (To be completed by applicant's department)

Leave balance reviewed: Yes No Health care provider statements reviewed: Yes No

Select One: Employee and event Qualify Do Not Qualify for appeal

Comments:

Reviewer: Name _____ Title: _____

Signature of Reviewer: _____

Approved for Appeal – Signature, Department Director: _____

Date: _____

Original to Applicant's Leave File: Copy to Leave Recipient