



ADMINISTRATIVE SERVICES DEPARTMENT

PERSONNEL DIVISION

CATASTROPHIC LEAVE REQUEST FORM

TO: Personnel Office

FROM:

DEPARTMENT:

SUBJECT: Request for Catastrophic Leave Donations

FOR PERSONNEL USE ONLY
APPROVED [ ] NOT APPROVED [ ]
Number of Hours received

I have read the city policy on Catastrophic Leave Donation Program and determined that I meet the criteria to participate in the program. I hereby request and agree to receive donation of leave time as stipulated in the policy. (Please check the appropriate box below)

[ ] Attached please find a copy of a statement from my physician with respect to the severity and protracted nature of my medical condition.

[ ] Attached please find a copy of a statement from my family physician with respect to [ ]'s catastrophic condition and the need for my presence. (family member's name)

I hereby declare that [ ] is my [ ] (family member's name) (relationship)

Employee Signature Date

(Where applicable, if employee is incapable of completing this form, the employee or designated adult beneficiary of the employee can grant the employee's supervisor the consent to complete this Request form on his/her behalf).

[ ] I hereby consent to have [ ] complete this Request Form (Supervisor's name)

and make this solicitation on behalf of [ ] (Employee's name)

Employee's Designated Relative Signature Employee's Supervisor Signature

Print Full Name Print Full Name

Date Date