



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.

Form with fields: Name, Last 4 Digits of Social Security Number, Street Address, City/State/Zip, Work Phone, Home/Cell Phone, Position Title, School/Department, Date the Catastrophic Leave Will Begin, Date the Catastrophic Leave Will End, Extension to Original Request (Yes/No), Signature, Date.

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

- 1. I have donated the appropriate amount of sick leave to the Catastrophic Sick Leave Bank for this fiscal year.
2. I have exhausted all paid leaves according to the Catastrophic Sick Leave Bank guidelines.
3. I will comply with the requirements and conditions set forth in the SEIU contract.
4. If needed, I will request the allowable additional 20 days in writing and must attach the required 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: Chief Human Resource Services Officer

Date

Please keep a copy for your own records.

cc: Human Resource Services, Personnel File
Appropriate Supervisor
Employee