

**CATASTROPHIC LEAVE
REQUEST FORM**

Please print legibly. All fields must be complete. Illegible or incomplete forms will not be processed.

Name: _____ Employee ID: _____ School Site: _____

Job Title: _____ Supervisor: _____

Requested Amount (in whole hours): _____

I wish to remain an anonymous requestor.

My signature below certifies that, to the best of my knowledge, I meet all of the criteria as listed in policy 5.44 and have attached the needed documentation.

Employee Signature

Date

FOR COMMITTEE USE ONLY:

Approved **Not Approved**

Comments:

FOR HR USE ONLY:

HR Signature

Date

FOR PAYROLL USE ONLY:

Payroll Acknowledgment

Date

