

Eligibility Criteria: Sick Bank members may request catastrophic leave designation after being on medical leave for **20 or more days** and having **exhausted all available leave, including up to 10 borrowed sick leave days**. If approved, sick bank members may donate days.

Section I: Completed by Employee

Employee Name: _____ Phone Number: _____

Work Site: _____ Position: _____

Catastrophic Leave Request for: ☐ Self ☐ Family Member _____
(Relationship to Employee)

Employee Signature: _____ Date: _____

Please select one of the following:

- ☐ If approved, do not email my request for days to anyone.
- ☐ If approved, email my request only to employees at my work location.
- ☐ If approved, email my request to all ACS employees.

Section II: Attending Physician Statement

I certify that _____ has a catastrophic illness or injury* that causes or will cause this employee to be absent from work for an extended period of time. The nature of the illness or condition is as follows:

Based on my professional opinion, the anticipated period of absence from employment required for this illness or injury is estimated to be _____ days, beginning on _____ and ending on _____.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Business Address: _____

Phone Number: _____

Section III: Sick Bank DecisionRecommendation of the Sick Bank Committee: ☐ Approve ☐ Deny Date: _____

** A catastrophic illness or injury, as certified by a licensed physician, that results in the employee being absent from work for an extended period of time.*