



Catastrophic Leave Application

In order to qualify for Catastrophic Leave donations, I understand I must meet the following criteria:

I have, or will have exhausted all of my accrued vacation, sick leave, compensatory time, personal time off, and/or management leave.

I have attached a medical certification signed by a physician verifying my need for a leave of absence due to my own personal medical condition. The incapacitation or need for medical treatment is estimated to last at least 30 calendar days.

I am eligible to receive only my regular gross monthly salary and will be taxed in accordance with the standard payroll deductions for any donations pledged to me through the Catastrophic Leave program.

I cannot receive combined payments from the Catastrophic Leave Program, State Disability Insurance or any other source of income in such a manner which exceeds my regular gross monthly salary.

The Personnel Office will send notification to all departments requesting Catastrophic Leave donations in my name. The notification will be posted for 60 days.

If my leave of absence is extended beyond the initial 60 days, I will be required to submit another Catastrophic Leave application and corresponding medical certification signed by a physician verifying the need for my continued leave of absence.

I have received and read the Catastrophic Leave policy. I understand and agree to the terms and conditions of this policy. Upon my return to work, I understand all unused donated hours will be returned to the recipients who pledged on my behalf.

Print Employee Name

Date

Signature

Department

Home Telephone Number

***Upon completion, this notification shall be forwarded to the Personnel Office for review.
Personnel Office 530-527-4183 Fax 530-527-9562**