

**CATASTROPHIC LEAVE BANK REQUEST FORM**

Employee Name: \_\_\_\_\_  
(Print)

Date of Employment: \_\_\_\_\_

Department: \_\_\_\_\_

I request consideration for approval of Catastrophic Leave for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting Catastrophic Leave until: \_\_\_\_\_

Available leave accruals were (will be) exhausted on \_\_\_\_\_

First date of absence due to this condition was: \_\_\_\_\_

I understand that the Committee may contact my supervisor or department director to determine if sick leave abuse has occurred. The Committee will also review my leave records and personnel file to evaluate my job attendance. I understand that if I receive Leave it would count as leave under the City's FMLA policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Specific documentation from an attending physician including diagnosis, prognosis, projected return to work date, and any projected restrictions on work activities as of that date is attached.

Employees should review the City's Americans with Disabilities Act policy regarding possible accommodations(s) in association with this, or any other, medical condition.

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**COMMITTEE USE ONLY**

Date Request Received: \_\_\_\_\_

Meeting Date for Request Consideration: \_\_\_\_\_

Approved: \_\_\_\_\_ Maximum hours: \_\_\_\_\_

Time period Leave Granted: \_\_\_\_\_

Denied: \_\_\_\_\_