



Human Resources

## Catastrophic Sick Leave Bank Request Form

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

I request consideration for approval of Catastrophic Sick Leave Bank Days for the following reason(s):

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

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

My accumulated/earned leave days will be exhausted as of: \_\_\_\_\_  
(Accumulated leave balances do not include forwarded days issued on July 1<sup>st</sup>, which have not been earned)

- ( ) This is my initial request
- ( ) I have already received 30 days from the catastrophic sick leave bank. This is an additional request.

I am requesting CSL days as of \_\_\_\_\_

I understand that leave may not be withdrawn from the bank in connection with illness or injury which qualifies the contributor for payments from an alternative source such as disability income insurance, worker's compensation income benefits, and the like, unless the contributor has exhausted all such benefits.

Any leave days given to a contributor shall be coordinated with any collateral benefits being received by the contributor, so that the sum of the amount of collateral benefits and the amount of the sick leave benefits received does not exceed pre-illness or pre-injury rate of pay.

**This completed application must be accompanied by medical certification signed by a licensed physician.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR DISTRICT USE ONLY: UNUM Disability: _____ / _____ Worker's Compensation: _____	
Accumulated leave exhausted on: _____	
Approved by: _____	Date: _____
Comments: _____	