

Catastrophic Leave Application

A "Catastrophic Illness" or "Injury" means an illness or injury that is expected to incapacitate the unit member for an extended period of time, or that incapacitates a member of the unit member's family which requires the unit member to take time off from work for an extended period of time to care for that family member, and taking extended time off creates a financial hardship for the unit member because he/she has exhausted all of his/her sick leave and other paid time off.

Applications must be submitted to the Human Resources Department a minimum of ten (10) working days prior to the start date of the requested leave or as soon as possible if circumstances prevent earlier submission. Employees must include a signed and dated statement from a licensed physician verifying that a serious illness or injury will require prolonged treatment of either the unit member or a family member.

☐ Classified 262

Employee Name: _____ Employee ID Number: _____

Department _____ Position Title _____

Work Phone _____ Home/Cell Phone _____

I wish to request _____ hours of catastrophic leave. (Please attach explanation for requesting leave)

Estimated duration of absence: From _____ To _____

I estimate that I will exhaust all of my fully paid accrued leaves on _____

Payroll verification: All fully paid leave credits exhausted on _____

In accordance with Education Code Section 87045 verification required:

Eligible leave credits may be donated to an employee for a catastrophic illness or injury if all of the following requirements are met:

1. The employee who is, or whose family member is, suffering from a catastrophic illness or injury requests that eligible leave credits be donated and provides verification of catastrophic illness or injury as required by the governing board of the community college district in which he/she is employed.
2. The governing board of the community college district determines that the employee is unable to work due to the employee's or his/her family member's catastrophic illness or injury.
3. The employee has exhausted all fully paid leave credits.

Human Resources/Catastrophic Leave Program Committee Use Only

Date request for leave received _____ Date reviewed by Committee _____

☐ Request approved # of hours _____

☐ Request denied

Comments: _____

Employee Group Representative

Director, Equal Employment Opportunity (EEO) Programs