



Catastrophic Leave Program Application

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This application may be completed on-line and electronically signed, or it may be printed and completed by hand.

Employee Name: _____ Employee ID Number: _____

Title: _____ Department: _____

Length of UCDHS Service: ___ Years ___ Months Work Phone: _____

The catastrophic leave I am requesting is for:

- My own serious health condition My family member's serious health condition
Death of a family member

Have you provided your supervisor with a medical certification form related to this serious health condition? Yes No

Have you exhausted all sick leave, vacation leave, and compensatory time off?

Yes No Pending If yes or pending, provide the effective date: _____

If leave is for the death of a family member, have you exhausted all bereavement leave?

Yes No Pending If yes or pending, provide the effective date: _____

If this catastrophic leave request is for your own serious health condition, please answer the following:

1. Have you applied for disability benefits for this medical condition? Yes No
2. If you answered yes to # 1 above, are you now receiving disability benefits for this medical condition? Yes No
3. Is this request for catastrophic leave related to a work injury? Yes No

Please provide an explanation of the situation you are experiencing and why you believe catastrophic leave will help:

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What is the expected duration of the Catastrophic Leave? From: _____ To: _____

I understand that Catastrophic Leave cannot be used intermittently and will be considered only when there is a need for a continuous leave. I also understand that Catastrophic Leave is not a guaranteed benefit and that each application is reviewed on a case by case basis by Employee and Labor Relations to ensure that I have a legitimate need and meet the criteria defined in the Catastrophic Leave Guidelines.

Applicant Signature

Date

Permission to Release Medical Information

I wish to receive donations of accrued leave in accordance with the Catastrophic Leave Program. When soliciting donations or responding to inquiries from donors, I give the University permission to give a general description of the medical condition for which the leave is needed. The medical condition should be described as follows:

Applicant Signature

Date

Please submit this application to your department manager or Chief Administrative Officer. If this application was completed on-line, you may save it and send it electronically (by e-mail).