



**Catastrophic Leave Program
Application Review/Approval Worksheet**

Catastrophic Leave requests must be reviewed and approved by Employee and Labor Relations.

Manager/CAO Review/Approval

Applicant Name: _____ Title: _____

Manager/CAO Name: _____ Phone: _____

Department: _____

Has the applicant exhausted all sick leave, vacation leave, and compensatory time off?

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

Has the applicant exhausted all bereavement leave (if applicable)?

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

Has the applicant used Catastrophic Leave in the last 12 months? Yes No

If yes, provide start and end dates: From: _____ To: _____

I have discussed the Catastrophic Leave Program Guidelines with the applicant. The following required documents are attached:

- Employee's Catastrophic Leave Program Application
- Medical Certification Form or doctor's note which confirms the need for leave

Manager/CAO Signature

Date

Employee and Labor Relations Review/Approval

Employee and Labor Relations Recommendation: Approve Deny

Comments:

Signature: _____ Date: _____