

# Catastrophic Leave Request

## (CCA/NEA Contract Article 11.B.3.a)

### Step One

Faculty Member's Name (or person making the request)	Date
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<i>I hereby request donations of sick leave to assist me through this catastrophic period. Attached is a note from my medical practitioner verifying my need to be off work as a result of injury or illness.</i>	
Signature of Faculty Member	Date

### Step Two

<input type="checkbox"/> Approved <input type="checkbox"/> Denied    Explanation: _____	
_____	
Signature of Assistant Chancellor, Human Resources	Date

### Catastrophic Application Instructions

The faculty member requesting catastrophic leave donations must:

1. Complete this form
2. Attach the medical practitioner's verification
3. Submit form to District Human Resources

Your request will be forwarded to the Assistant Chancellor, Human Resources, for approval/denial.