

ENTERPRISE CITY SCHOOLS

REQUEST FOR CATASTROPHIC LEAVE

Eligibility Guidelines

An employee may apply for catastrophic leave if the following conditions are met:

1. The employee is a member of the Sick Bank.
2. The employee anticipates being out of work for 16 or more consecutive days.
3. The employee, parent, spouse, child, sibling or an individual with a close personal tie has a catastrophic illness. A catastrophic illness is defined as "any illness, injury, or pregnancy or medical condition related to childbirth, certified by a licensed physician which causes the employee to be absent from work for an extended period of time."

Employee Information

Employee Name: _____ Today's Date: _____

Employee #: _____ School: _____

Catastrophic Request Information

Date to begin leave: _____

Expected date to return: _____

Reason for Leave: _____

Donated Leave Memo

I would like a memo to be sent to the following Enterprise City School locations requesting donated days on my behalf:

- All Enterprise City School Locations Other (specify) _____

Transfer Acceptance

1. I agree to use any days donated to me due to a catastrophic illness as provided for in Act 99-581.
2. I understand that I must use all leave available to me and borrow all 10 days from the sick bank before any donated days will be used.
3. I understand that once I return to work, any remaining donated days will be used to repay days owed to the sick bank. After that, any unused donated days will revert to the donor(s).
4. I understand that donated days are given to me by the donor and do not have to be paid back.
5. I understand that I will be notified in writing of the decision of the Sick Leave Bank Committee and that their decision is final.

Employee Signature _____ Date: _____

Approval

Principal/Supervisor Signature _____ Date _____

- Request approved
- Request denied _____
- _____

Signature of Sick Leave Bank Committee: _____

