

CATASTROPHIC LEAVE REQUEST

I hereby request approval of Catastrophic Leave for the following reasons:

All of my paid leave balances will be exhausted on (date):

I understand that other County employees may wish to assist me by donating vacation and/or comp leave to me.

(Attach doctor's verification of illness/injury.)

Print your name: _____ Job Title: _____

Signature: _____ Date: _____

Department:

Department Name _____ Dept. No. _____

This request is: Approved Disapproved

Reason for Approval/Disapproval (or attach written comments or correspondence):

Appointing Authority Signature _____

Printed Name and Title _____

Date _____

Human Resources:

This request is: Approved Disapproved

Director of Human Resources: _____ Date: _____