



CATASTROPHIC SICK LEAVE REQUEST

Catastrophic Sick Leave is approved only for absences of more than 20 consecutive days as verified by a physician on a Medical Verification of Catastrophic Illness Form.

With this request, you must provide the following:

- A Medical Verification of DCS Catastrophic Illness form completed by a physician.
- A completed DCS Catastrophic Sick Leave Transfer Authorization form.

Note: If your request for catastrophic leave is approved, donated days will not be applied until your available sick leave, to include 15 days borrowed from the Sick Leave Bank, your two State allocated personal leave days, and vacation days, if applicable, have been used. These days will automatically be applied to your absences before donated sick leave will be applied.

NAME

JOB TITLE

EMPLOYEE ID NUMBER (Kelly Services PIN)

WORK SITE

HOME ADDRESS (to include City, State, and Zip)

I request approval of Catastrophic Sick Leave and application of donated sick leave days to my days absent from work. I understand that should I return earlier than the number of days donated, the remaining days will be returned to the donor(s). I also understand that before I can receive donated days, any available sick leave, 15 days from the sick leave bank, my two state personal leave days, and any vacation time, if applicable, will be used first.

SIGNATURE OF EMPLOYEE REQUESTING LEAVE

DATE

(For Accounting Office Use Only)

Date Submitted to Accounting Office: _____

Sick Leave Bank Committee Recommends: APPROVAL DISAPPROVAL

Sick Leave Bank Committee Signatures: _____

Date Submitted to Board: _____

Board of Education Decision: APPROVAL DISAPPROVAL

Personnel Officer's Signature: _____