Humanitarian Catastrophic Leave Bank - Request Form

Under the provisions of Section 3.69 of the Administrative Guidelines for the Career Service

I, ______________________________________, am requesting ________ working days (________*Hours*) of Humanitarian Catastrophic Leave for the following reasons: ____
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Please note: A review of sick leave usage for the last 10 years of employment is part of the review process. You will be required to provide a written explanation or medical documentation to explain or backup the usage if the review indicates a high sick leave usage pattern.

I certify that I have exhausted all paid time-off to which I am entitled or will have exhausted such time off prior to utilizing any leave granted under this program.

Chapter 3.69 Humanitarian Catastrophic Leave Bank 3.69.020 D. Definitions:
1. "Catastrophic medical condition, illness or injury" shall be defined as: A physician certified death eminent case or a medical condition, illness, or injury which is of an extraordinary or severe nature, which requires a physician's on going care, and which has caused, or is likely to cause, the employee to: (i) be incapacitated and unable to work in excess of five (5) working days; or (ii) otherwise be required to terminate County employment due solely to the absence of any available leave. Notwithstanding the above, Catastrophic leave will not be approved if, based on the physician's certification and consideration of the employee's condition, the employee is not expected to return to County employment.

Please be advised that if you receive compensation from a collateral source (to include but not limited to short/long term disability, social security benefits, third party subrogation claims, etc.) for the same injury/illness, covering the same period of time, you will need to notify the Human Resources of this information. This information will be included in the review to determine your eligibility or the amount of benefit allowed.

EMPLOYEE CHECKLIST – REQUIRED ITEMS - IMPORTANT

- □ Form completely filled out (including signature and date).
- □ Attached statement from physician attesting to the nature of medical condition, illness, or injury; including prognosis for recovery and estimated length of absence. Medical information may be forwarded directly to the Human Resources Department.
- □ Attached explanation for sick leave usage (if needed). Reminder: Sick leave review goes back 10 years.
- □ Obtained or forwarded to obtain Department Director or designee's recommendation and signature.

NOT PROVIDING ANY OF THE CHECKLIST REQUIRED ITEMS WILL DELAY THE REVIEW PROCESS.

I acknowledge that it is my responsibility to review and become familiar with and abide by the Humanitarian Catastrophic Leave policy.

______________________________________ ______________________

Employee Signature *Date*

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Department Director or Designee

History of excessive use of sick leave □ Yes □ No Pattern of sick leave abuse □ Yes □ No

Recommend: □ Approval □ Disapproval

Comments:

Signature:_________________________________ Date:______________

Human Resources Director or Designee

Request: □ Approved □ Disapproved

Comments:

Signature:_________________________________ Date: ______________