



Pierce County

HUMANITARIAN CATASTROPHIC LEAVE BANK REQUEST FORM

Employee Name: _____ Employee ID #: _____

Department: _____ Position: _____

Contact number: _____

Block of Leave **Intermittent Leave**

Leave Begin Date: _____ Duration of Leave: _____

Self **Family Member** (specify relationship): _____

Type of request – please mark all that apply:

Injury Date of Injury: _____ Work related

Illness Treatment Surgery - Date: _____

Other (briefly describe; please do not provide diagnosis information): _____

IMPORTANT NOTES:

A statement from your physician or medical provider attesting to the nature of your medical condition, illness, or injury; including prognosis for recovery and estimated length of absence **MUST** be provided directly to the Human Resources Department as per policy Section 3.69.030, Item B.

I acknowledge that it is my responsibility to review and become familiar with and abide by the Humanitarian Catastrophic Leave policy (Administrative Guidelines Chapter 3.69).

Employee Signature: _____ Date: _____

Department Director or Designee

Recommendation: Approved Disapproved – reason: _____

Unable to make determination

Signature: _____ Date: _____

Human Resources Director or Designee

Request: Approved Disapproved – reason: _____

Signature: _____ Date: _____