

Catastrophic Leave Request Form

Employee Name: _____

Address: _____

Phone Number: _____

Department/Site: _____

Date: _____

Condition(s) Dictating Request for Leave (please explain):

Condition(s) Affects:

Employee

Family Member (please explain):

Length of time (approximate): _____

Signature

Date

*Note: The joint District- CSEA committee will review request, approve or deny the requests, and communicate its decisions, in writing, to the participants within ten (10) days (even if the decision is that the committee needs more information prior to a final decision).

For Committee Use Only:

Approved

Denied

More information needed

Doctor's Note Received