

# Emery County School District

## Catastrophic Leave Enrollment Form

**This form remains in effect until revoked in writing**



Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Classification: \_\_\_\_\_

(Administrative, Licensed, or Classified)

By signing below, I agree to the following:

1. I have read and understand District Policy GEC—Leaves and Absences, regarding the Catastrophic Sick Leave Bank, and agree to donate one day (or comparable hours) of my allotted leave to the bank beginning with the current fiscal year and continuing each fiscal year thereafter until revoked by me in writing.
2. I understand that by donating to the bank, I am eligible to apply for catastrophic leave from the bank to cover absences caused by catastrophic illnesses for myself, or for immediate family members who are suffering from a catastrophic illness or condition. I understand that the granting of catastrophic leave is not guaranteed.
3. I understand that in order to apply for leave from the bank, I must first use all of my personal leave, compensatory leave (if applicable), vacation leave (if applicable), and sick leave balance, with the exception of five (5) days of sick leave, prior to being eligible.
4. I understand that in order to apply for leave from the bank, I will be required to provide all documentation listed on the application to support my request.
5. I also understand that the bank is not for short-term illnesses and that the Catastrophic Leave committee will determine the granting of leave from the bank.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Emery County School District

## Catastrophic Leave Application for Use



Name: \_\_\_\_\_ Position: \_\_\_\_\_

Work Location: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Leave for the Illness of: Self / Family Member      Relationship to Family Member: \_\_\_\_\_

Nature of Illness (Brief Summary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Anticipated Date of Return: \_\_\_\_\_

Number of Days of Catastrophic Leave Requested: \_\_\_\_\_ (Estimate if unsure)

**Required Documentation:** Only severe, extended illness and catastrophic medical conditions will be considered for leave. Planned procedures will not normally be considered. Exceptions will require substantiation of the “severe, extended, and catastrophic” criteria. A friend or family member can help gather or submit this documentation as needed. Each of the following documents must be attached to the application before it will be considered:

1. A list of when you expect to use the requested leave days (beginning / end date is appropriate for consecutive leave).
2. Physician’s note verifying the nature and severity of the condition & anticipated time needed for recovery.
3. A written explanation, outlining how the medical condition meets each of the criteria of being severe, extended, and of a catastrophic (or emergency) nature (page 2 of this application).

**Current Leave Calculation:** Employees must have used all vacation, personal, comp leave, and may keep only five (5) days of sick leave before they are eligible for Catastrophic leave. List your current leave balances (as of the date of application). Please call the Business Office if you need assistance obtaining your leave balances.

Sick: \_\_\_\_\_ Personal: \_\_\_\_\_ Vacation: \_\_\_\_\_ Comp: \_\_\_\_\_

An employee committee will meet and confidentially review your application. This committee has authority from the Board of Education to determine if leave will be granted. You will be notified in writing of the committee’s decision.

**Acknowledgement:** If granted leave, I understand that I will be expected to provide a physician’s note for any catastrophic leave used. I also understand that if I am granted (and use) more than 8 days of Catastrophic leave, I will be expected to remain in the pool for the duration of my employment, or until I have returned, through the annual donation of one day, the total number of days used. I verify that I have been a participating member of the ECSD catastrophic leave pool for at least 90 days prior to submitting this application.

\_\_\_\_\_  
Employee Signature

To help the committee members better understand your situation and make a more informed decision about your request, please provide a written explanation, outlining how the medical condition meets the criteria of being severe, extended, and of a catastrophic (or emergency) nature.

1. Evidence that the condition is severe:

2. Evidence that the condition is extended:

3. Evidence that the condition is of a catastrophic (or emergency) nature: