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Request for Catastrophic Leave Donation

Employee Information		
First Name (Please print)		Last Name (Please print)
Hours Requested:	Start Date:	Ending Date:
Employee was absent from work due to this condition beginning on (date):		
Reason for withdrawal (Attach Required Documents):		
Employee exhausted all accrued sick and personal leave as of (date):		
If used for dependent family member give name:		and relationship:
I, the undersigned employee, understand that I will <u>not</u> accrue sick, vacation, flex time and personal leave while using Catastrophic Leave.		
_____ Employee Signature (if available)		_____ Date

I certify that the above employee has exhausted all time off leave as of (date):
The employee will be granted leave from the Catastrophic Leave.

Administrative Systems Manager Signature

Date

Chief Executive Officer Signature

Date