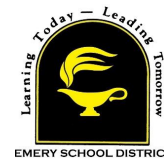


Emery County School District

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: