



## CATASTROPHIC LEAVE REQUEST FORM

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

Employees must meet the following requirements in order to be eligible to request and receive leave donations:

- Full-time employment status with the City.
- Completion of six months of employment with the City of Richardson.
- The employee must have exhausted or be near exhaustion of all paid leave benefits including vacation, sick, compensatory time, and accrued holidays.
- The employee must be under current, active medical treatment for a long-term catastrophic illness or injury as defined within this policy.
- Sufficient information from a licensed physician confirming the need for the employee to be out for a specified time period must be provided before donated leave is approved.( A medical certification submitted for FMLA purposes will be considered adequate documentation in lieu of a separate medical certification).
- When the employee becomes eligible for Long Term Disability Benefits (LTD), he/she will be required to apply (The employee will be eligible to utilize donated leave until the employee is approved for long term disability if donated leave is available).

The following are excluded from eligibility to receive leave donations:

- Non-catastrophic illnesses/injuries such as flu or measles
- Elective surgery
- Illness or injury covered by the City's worker's compensation program
- Employees who are receiving long-term disability benefits through a City sponsored program
- Employees who are released by a licensed physician to return to work
- Employees who are working at another job

### Current Status

Working, but anticipating an extended leave of absence due to surgery or hospitalization scheduled on or about \_\_\_\_\_ (date).

Currently hospitalized or recovering at home.

Working off and on, due to ongoing medical treatments which require recovery.

Other (please describe) \_\_\_\_\_

Last day worked: \_\_\_\_\_ Last day of available leave: \_\_\_\_\_

Anticipated date of return to work: \_\_\_\_\_ Anticipated amount of leave needed: \_\_\_\_\_ hours

### Acknowledgement

I acknowledge that I have read, understand and agree to the provisions of the City of Richardson catastrophic leave policy. I certify that the information I provided on this form is true and correct.

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

Date \_\_\_\_\_