



Catastrophic Leave Bank Request to Draw Form

Employee Name: _____ hereby requests to draw from the Catastrophic Leave Bank to provide days off with pay after having exhausted all available earned leave days. This request is for the following leave type (check one):

Serious Health Condition Leave: a leave resulting from a serious health condition suffered by the employee or a member of the employee’s family as defined in the Catastrophic Leave Agreement (available through the ninetieth day from the initial date of the incident, plus any follow-up days). Requires completion of FLMA application.

OR

New Child Leave: a leave for parents for the arrival of a new child either through birth or adoption (maximum of five days from initial date of leave, plus any follow-up days). May require documentation.

OR

Catastrophic Leave (Disaster): a leave to respond to destruction of home and/or property as a result of a natural disaster (maximum of five days, plus any follow-up days). May require documentation.

(Please see the Catastrophic Leave Agreement for additional information about leave definitions, eligibility, payments, and cap on length of draws.)

I understand that information regarding this request may be shared with co-workers for the purposes of explaining the nature of a request for Tier One (employee to employee) donations.

Signature: _____ Date: _____