CATASTROPHIC LEAVE REQUEST FORM

I. To Be Completed by Employee:

Pursuant to Article 9, Chapter 18-b of the West Virginia Code, Catastrophic Leave of Absence is requested for the purpose of caring for __________________________.

[Self or name/relationship of incapacitated family member]

______________________________
Signature

______________________________
Date


II. To Be Completed by Human Resources Department:

I have reviewed all leave records of the above named employee and verify the exhaustion of all personal accrued and unused sick/annual leave and/or all other paid time off as of______________________________.

______________________________
Date

______________________________
Time

______________________________
Signature

______________________________
Date

III. Verification by President or Designee:

Catastrophic Leave of Absence for this employee is:

☐ APPROVED  ☐ DENIED

______________________________
Signature

______________________________
Date