

SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-2005.A

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

NOTE: THIS REQUEST MUST BE ACCOMPANIED BY A "REQUEST FOR MEDICAL LEAVE" (SCP-2484.A) AND A "TREATING LICENSED PHYSICIAN STATEMENT MEDICAL LEAVE VERIFICATION" (SCP-2484.B).

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