



# Catastrophic Leave Employee 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: SECTION I MUST BE ACCOMPANIED BY A *TREATING LICENSED PHYSICIAN STATEMENT  
MEDICAL LEAVE VERIFICATION FORM.***

## 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:

Catastrophic Leave of Absence for this employee is:

APPROVED

DENIED

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date