

I. To Be Completed by Employee:

Pursuant to Article 7, 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 AND A CERTIFICATION OF HEALTH CARE PROVIDER

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