

**APPLICANT ELIGIBILITY VERIFICATION FOR CATASTROPHIC LEAVE**

**DATE:** \_\_\_\_\_

**TO:** Agency/Campus Payroll Office

**FROM:** \_\_\_\_\_

**SUBJECT:** Catastrophic Leave Information Request

<p><b>For Payroll Office Use Only:</b></p> <p>Seniority Date: _____</p> <p>FTE: _____</p>
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A Catastrophic Leave application has been received for  
 \_\_\_\_\_  
 (Potential recipient)

The following individual has been contacted and consents to this application:  
 \_\_\_\_\_  
 (Potential recipient or responsible family member)

Please provide the following information for the above named employee.

	<b>Yes</b>	<b>No</b>
Has completed first six months of an original probationary period?	<input type="checkbox"/>	<input type="checkbox"/>
Has used all sick leave and has no more than sixteen (16) hours of other available leave? [If "no," projected date for using leave as above is _____.]	<input type="checkbox"/>	<input type="checkbox"/>
Is on an approved LWOP? [If "no," projected start date for LWOP is _____.]	<input type="checkbox"/>	<input type="checkbox"/>
Anticipates unpaid leave of at least 160 hours duration (prorated for part-time employees)?	<input type="checkbox"/>	<input type="checkbox"/>
Is currently receiving other employer administered salary replacement benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Is eligible for and will be receiving other employer administered salary replacement benefits? [If "yes," date employee will be eligible, if known: _____.]	<input type="checkbox"/>	<input type="checkbox"/>

Above information provided by: \_\_\_\_\_  
 (Name)

\_\_\_\_\_

(Work Address)

\_\_\_\_\_

(Work Telephone)

**RETURN COMPLETED FORM TO: (To union or agency/campus responsible for application review)**

**CATASTROPHIC LEAVE APPLICATION APPROVAL/DENIAL:** The request for Catastrophic Leave for the above named applicant has been approved / denied (circle one). Please process donations accordingly.

\_\_\_\_\_

(Authorized Signature) \_\_\_\_\_  
 (Date)

**RETURN SIGNED APPROVED FORM TO RECIPIENT'S PAYROLL OFFICE FOR PROCESSING**