



301 N 4<sup>th</sup> Street  
Black River Falls, WI 54615

## APPLICATION TO RECEIVE CATASTROPHIC LEAVE

**\*\*\*RETURN THIS FORM TO THE DIRECTOR OF BUSINESS SERVICES\*\*\***

EMPLOYEE NAME: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please provide a summary of your illness that you are seeking leave from the catastrophic leave bank (CLB). You may use additional sheets, if necessary:

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Have you contributed to the catastrophic leave bank in the past?  Yes  No

Has all of your accrued paid leave been used?  Yes  No

How many days are you requesting to withdraw from the CLB? \_\_\_\_\_

Are you currently receiving worker's compensation or long-term disability benefits?

Yes  No

Do you expect that the absence will be for more than 30 contract days?

Yes  No

Please attach sufficient medical certification from a physician regarding the severity or extraordinary nature of the illness/injury and expected duration of leave needed for the employee's or immediate family member's condition.

Employee's Signature: \_\_\_\_\_

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**FOR COMMITTEE/OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Approval or Denial by Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_