



# 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 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

*Revised 3/18/2010*