

LAS VEGAS CITY EMPLOYEES' ASSOCIATION
CATASTROPHIC LEAVE REQUEST AND APPROVAL FORM

EMPLOYEE:

Employee Name: _____ Department: _____

Employee Position: _____ Years of Service: _____

Anticipated Time Out of Work: _____ Employee ID Number: _____

Home Telephone #: _____ Work Telephone #: _____

Employee Supervisor: _____ Employee Timekeeper: _____

LEAVE BALANCES FROM HUMAN RESOURCES:

Available Sick Leave: _____ as of _____

Available Annual Leave: _____ as of _____

Medical documentation on file: _____

Verification of balances: _____

Signature of Human Resources Representative

Please fill out the information above and fax completed form to Catastrophic Leave Chairperson @ 702-649-2135

CATASTROPHIC LEAVE COMMITTEE APPROVAL:

DeAndre Caruthers:

(Chairperson)

Approved

Denied

William Federson

(Committee Member)

Approved

Denied

Michelle Janssen:

(Committee Member)

Approved

Denied

Please sign above and fax to the LVCEA Office @ 702-649-2135

*Due to the privacy issue, we will not disclose the employee's medical condition.
Catastrophic Leave cannot be used intermittently-Current FMLA forms must be completed and on file with HR.