

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

EMPLOYEE:

Employee Name: _____ Department: _____
Employee Position: _____ Years of Service: _____
Anticipated Return Date: _____ Employee ID Number: _____
Home Telephone #: _____ Work Telephone #: _____
Not For Elective Procedures (Initial): _____
I understand any unused time will be Return to the CAT Leave Bank (Initial): _____
Employee Signature: _____ Employee Supervisor: _____

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 email Catastrophic Leave form at:
LVCEASTAFF@LVCEA.ORG**

CATASTROPHIC LEAVE COMMITTEE APPROVAL: **NUMBER OF HOURS APPROVED:** _____

DeAndre Caruthers: (Chairperson)	_____ Approved	_____ Denied
William Federson: (Committee Member)	_____ Approved	_____ Denied
Michelle Janssen: (Committee Member)	_____ Approved	_____ Denied

**Due to privacy issues, 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.*