

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
Jason Lupiani: (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.