

Catastrophic Leave Employer Approval Form

Date:
To:
From:
Subject: Catastrophic Leave Information Request

For Payroll Office Use Only:
Seniority Date: / /
FTE:

A catastrophic Leave request has been received for:

The following individual has been contacted and consents to this application:

Provide the following information for the above named employee:

Employee Classification: <input type="checkbox"/> Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Limited Appointee <input type="checkbox"/> University Staff	
Is the employee in an active position? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the employee earn sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the employee approved for on an <i>UNPAID</i> leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No Has his/her sick leave account been exhausted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, when will it be exhausted? / /</i> Is the employee receiving salary replacement income such as ICI or Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the total of the employee's remaining earned balances (vacation; personal holiday; banked vacation (sabbatical/ALRA))?

The above information provided by:

Name	
Work Address	Dept #
Work Telephone Number	Email

CATASTROPHIC LEAVE APPLICATION APPROVAL/DENIAL:	
The request for Catastrophic Leave for the above named applicant has been approved / denied (<i>circle one</i>). Please process donations accordingly.	
	/ /
_____ (Authorized Signature)	_____ (Date)

Return signed Approval Form to the Recipient's Payroll Office for Processing