



Office of Human Resources
219 Rock Street
Bluefield, WV 24701
(304) 327-4049

CATASTROPHIC LEAVE RECIPIENT APPLICATION

A catastrophic illness or injury (not work related) means an illness or injury which is expected to incapacitate the employee and which creates a financial hardship because the employee has exhausted all available paid leave. Catastrophic illness or injury shall also include an incapacitated immediate family member if this results in the employee begin required to take time off from work for an extended period of time to care for the family member and the employee has exhausted all other paid leave.

Yes, I meet this requirement

Applicant's Name _____

Social Security Number _____

Job Title _____

Leave Balance to Date _____

Nature of Catastrophic Leave _____

Catastrophic Leave for: Employee Family Member

Date Catastrophic Leave Expected to Begin _____

Expected to End _____

Name of Physician _____

Attach documentation showing diagnosis, prognosis and duration of illness.

Participation in this program is voluntary. The information will be use to identify records properly associated with the application to become a leave recipient. Furnishing the about referenced data is voluntary, but failure to do so may delay or prevent action on the application. Applying for and receiving catastrophic leave does not insure that an employee will receive donated days. Also, days donated may not be sufficient to cover the length of time needed. An employee will need to apply for an Unpaid Medical Leave of Absence in order to continue insurance for any extended amount of time not covered by donated days. **An Employee's pay will be placed in arrears and the employee required to submit time cards upon their return to work until a sufficient amount of leave is accrued to cover any additional time off from work for a complete pay period.**

I certify the about statements are true and I understand the information provided.

Employee Donor Signature

Date

APPROVED

DENIED

President

Date