

- INSTRUCTIONS:**
1. Read the entire employee statement
 2. Attach doctors' certification
 3. Date and sign form
 4. Submit to requesting Employee's Supervisor

EMPLOYEE STATEMENT

- I request to participate in the Catastrophic Leave Program to permit donations of leave credits to my leave balances.
- I or a family member have suffered a catastrophic illness or injury. I have attached a doctor's verification to this request.
- I allow the Department of General Services to use my name to publicize my need for donated credits.
- I understand that this request is not subject to the grievance and arbitration procedures.

EMPLOYEE OR LEGAL REPRESENTATIVE SIGNATURE	DATE
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TO BE COMPLETED BY EMPLOYING OFFICE		
EMPLOYEE NAME (Last, First MI)	POSITION NUMBER	CITY EMPLOYED IN
<input type="checkbox"/> REPRESENTED <input type="checkbox"/> NON-REPRESENTED	CBID	DATE LEAVE BALANCES EXPIRED

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES			
<input type="checkbox"/> APPROVED	BEGINNING DATE TO ENDING DATE	TOTAL HOURS	<input type="checkbox"/> DENIED
PERSONNEL OFFICER SIGNATURE		DATE	

Copy to: Personnel Transactions Unit
 Office Chief
 Requesting Employee