



# Request for Days from Catastrophic Leave Bank (CLB)

### Instructions:

1. Complete the CLB member portion below and the Employee Supporting Statement and attach it to your request.
2. Complete the authorization form for CLB Committee to receive personal health information form (D7-C).
3. Have the physician complete the health care provider statement form (D7-D).
4. Return this form along with completed attachments to the Director of Employee Services in Human Resources.

CLB Member Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Campus/Dept.: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Number of CLB days requested: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

### The following criteria must be met for an employee to be granted CLB days:

1. Applicant must be a current member of the Catastrophic Leave Bank (CLB).
2. All other paid leave must be exhausted before CLB days can be applied.
3. The catastrophic injury, illness, or circumstance must affect the employee or a member of his/her immediate family.
4. The medical provider's statement must confirm the illness or injury meets the Board's definition of catastrophic.

### Definition of immediate family:

- Spouse.
- Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands *in loco parentis*.
- Parent, stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee.
- Sibling, stepsibling, and sibling-in-law.
- Grandparent and grandchild.

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### FOR USE BY THE CATASTROPHIC LEAVE BANK COMMITTEE

Approved catastrophic leave bank days for \_\_\_\_\_ days

Request denied. Explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLB Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

