CATASTROPHIC LEAVE REQUEST FORM

Faculty, Academic Staff, University Staff or Limited Appointment

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| **Date:** | | **Employee ID #:** | |
| **Employee Name:** | | **Appt ID #:** | |
| **Division/Department:** | | **UDDS:** | |
| **Appointment Title:** | **Appointment Code:** | | **Pay Basis:** |

**EMPLOYEE** (or person filling out form on the employee’s behalf)**:**

If possible, please provide information for the following questions.

Anticipated dates of leave:       -

Anticipated amount of catastrophic leave needed:\*

*\*\*Please sign the bottom of the form and forward to the department supervisor\*\**

**SUPERVISOR:**

For the employee to be eligible for Catastrophic Leave, the following conditions must be met.

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| **Conditions for Catastrophic Leave** | **Checklist √** |
| Sufficient information has been provided to the dean or designee to conclude a catastrophic illness or medical condition exists | Yes  No |
| Without these provisions, an approved leave of absence without pay would be needed. | Yes  No |
| All accumulated sick leave and vacation hours have been exhausted. | Yes  No |
| Income Continuation Insurance is not currently being used (due to waiting period or ineligibility). | Yes  No |

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| The signatures of the following individuals indicate that the conditions for Catastrophic Leave have been met, and approval is granted for the Catastrophic Leave account to be created for the named employee.  SIGNATURE OF EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (or person completing the form on the employee’s behalf)  SIGNATURE OF SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF DEAN/DESIGNEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*Catastrophic leave may not be granted until the employee has exhausted all other leave benefits,

and cannot be used in place of ICI (once the waiting period has expired).

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| **RETURN SIGNED APPROVED FORM TO RECIPIENT’S PAYROLL OFFICE FOR PROCESSING** | |
| For Payroll Use Only Eligibility Date for ICI: \_\_\_\_\_\_\_\_\_\_\_\_  (if applicable) |

Catastrophic Leave policy <https://kb.wisc.edu/ohr/policies/page.php?id=53480>

04/2017