

**Central Michigan University
Catastrophic Leave Bank Application**

(Note: This application can be initiated by the employee or another individual if the employee is incapacitated.)
see guidelines @ <http://www.cmich.edu/x10285.xml> Questions: 774-6447

All sections of this application must be completed BEFORE submitting to Human Resources.

Employee Name			
Personnel Number		Date of Hire (MM/YR)	
Employee Group		Department	
Campus Address		Campus Phone	
Home Address		Home Phone	
Leave Bank Hours Requested		<i>NOTE: Not to exceed 80 hrs per calendar year-prorated for part time</i>	
Date(s) hours will be used			
Date leave balances are anticipated to be exhausted			
Do you have Short Term Disability? YES NO			
Family member name, if family member illness			
Relationship to employee			
Name (printed) of health care provider			
Address-health care provider			
Phone number-health care provider			

MEDICAL CERTIFICATION FORM MUST BE ATTACHED: <http://www.cmich.edu/x4754.xml>

1. I give my permission, if necessary, for the Human Resources Department to verify or request additional information and/or documentation from my attending health care provider.
2. I give permission to the University to share my medical information with the committee members.
I understand that committee members are obligated to keep this information confidential.
3. I certify that all information on this application is correct.
4. I understand the decision of the Serious & Catastrophic Leave Committee is final.
5. I agree to comply with the requirements of the Serious & Catastrophic Leave Bank policy.

Employee/Designee Signature		Date	
If Designee, state relationship to employee:			

TO BE COMPLETED BY THE SUPERVISOR

I have knowledge the above employee is making application to the Serious & Catastrophic Leave Bank

Supervisor's Signature		Date	
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Submit completed application to: Human Resources/Employee Relations, Rowe 114

Applications MUST BE COMPLETED and SUBMITTED to Human Resources within 10 working days prior to anticipated expiration of all leave time.

TO BE COMPLETED BY THE SERIOUS & CATASTROPHIC COMMITTEE

Request has been:	Approved		Number of leave bank hours	
	Denied		Reason:	

Signature-Chair of SCL Committee:	Date	
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