



Catastrophic Leave Program – Natural Disaster/State of Emergency Request for Leave

1. Employee's name (<i>last, first, middle</i>)		2. Employee ID Number					
3a. Job Title	3b. Classification Name/Code	3c. CBID/Employee Group					
4. Name of Campus							
5. Name of Natural Disaster/State of Emergency Declared (Include Governor's Executive Order Number and Date of Issuance and link to the EO)							
6. Reason for Request. All boxes must be checked in order to be eligible. <ul style="list-style-type: none"> <input type="checkbox"/> My principal residence is located in a county where a state of emergency has been declared by the Governor; <input type="checkbox"/> I am unable to work due to the effect of the natural disaster/state of emergency on my principal residence; <input type="checkbox"/> I am facing a financial hardship because I have exhausted all accrued personal holiday (PH) credits and compensating time off (CTO) and have a balance of forty (40) hours or less in each of my accrued vacation credits and sick leave credits. 							
7a. Number of hours requested	7b. Date emergency began	7c. Date emergency ended <i>(or is expected to end)</i>					
8a. Name of individual completing application <i>(If applying on behalf of the applicant)</i>	8b. Relationship to applicant	8c. Telephone number (Preferred)					
9a. I certify that the above statements are true. <i>(Signature of applicant or individual applying on behalf of applicant)</i>		9b. Date					
For Campus Human Resources Use Only							
Employee's leave balances:							
<i>Sick</i>	<i>Vacation</i>	<i>CTO</i>	<i>PH</i>	<i>Other</i>	Total		
					<i>As of date:</i>		
Estimated date leave credits will be exhausted:							
Certification Period:		<i>date</i>	through	<i>date</i>			
Leave Coordinator Name: Print and Signature /					Date		
Appropriate HR Administrator Name: Print and Signature /					Date		