



CITY OF PITTSBURG

**APPLICATION
CATASTROPHIC LEAVE PROGRAM**

Name: _____

Department: _____

Phone Number (home): _____ (work) _____

Each of the following must apply:

- I am a regular employee.
- I or an immediate family member have sustained a serious illness or injury.
- I have exhausted all paid time off or will do so by: _____
- I will be unable to work for 30 calendar days and have requested a leave of absence without pay for medical reasons.

I request to participate in the City's Catastrophic Leave Program. I am making this request because I or an immediate family member have a serious illness or injury. Attached is medical verification of the condition.

I understand HR will send an email to all employees notifying them of my application and request for donations for Catastrophic Leave. An example email: *We received an application for Catastrophic Leave from employee and title. He/she has or will exhaust(ed) his/her paid time off and will need additional leave to remain on paid status while on Family Medical Leave. Please let HR if you have any concerns or would like your request for donations to be sent to only your department.*

I understand my rights as outlined in the Catastrophic Leave Program and agree to abide by the procedures discussed in that document.

Signed: _____ Date: _____

HUMAN RESOURCES DEPARTMENT

Request received by _____, on the _____ day
of _____, 20_____.