



Employee Request for Catastrophic Leave

For completion by the EMPLOYEE	
Employee Name (Last, First, Middle):	Employee ID:
Home Address:	
Home Phone Number:	Work Phone Number:
E-mail While on Leave:	
UW Institution: UW-	Division/Dept:
Employee Classification: <input type="checkbox"/> University Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Limited Appointee	
Work Address:	

REQUEST	
Anticipated Amount (Hours) of Catastrophic Leave Needed:	
Anticipated Dates of the Leave of Absence:	<input type="checkbox"/> Continuous From: / / Through: / /
	<input type="checkbox"/> Non-Continuous From: / / Through: / /
Are you receiving any salary replacement income? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes</i> , indicate what type: <input type="checkbox"/> Income Continuation Insurance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other: _____
Briefly Explain Reason for Catastrophic Leave (if leave is to care for someone, please indicate the <u>name</u> of and <u>relationship</u> to the person who needs care.)	
I authorize the appointing authority to obtain any necessary information regarding my request for catastrophic leave.	
Employee Signature: _____ Date: _____	

Note: Return form to Institution HR Office upon completion.

For Institution Use Only		
Received by:	Date:	Sick Leave Balance:
		Other paid leave balance:
Forwarded to for approval:	Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied—Reason:		

The Catastrophic Leave Program is available to help support employees who need to take an extended, unpaid leave of absence from work due to an illness or injury that incapacitates either the employee or the employee's immediate family member.

This program is defined by the guidelines stated in the University of Wisconsin System [Catastrophic Leave Program Operational Policy \(BN5\)](#).

INSTRUCTIONS for Employee Request for Catastrophic Leave

Qualifications for Catastrophic Leave:

An employee must satisfy the following conditions to be eligible to receive leave donations under the program:

- Must be an active UW employee who earns sick leave; and
- Be on an approved unpaid leave of absence due to a catastrophic need of the employee or an immediate family member; and
- Have used all sick leave and have a combined leave balance of no more than 16 hours of other paid leave (vacation, personal holiday, sabbatical/ALRA)
- Must not be receiving other salary replacement income (ex. Income Continuation Insurance, Workers' Compensation, Social Security, income from other employment, etc.)

In addition:

- Eligible employee classes include: University Staff, Faculty, Academic Staff and Limited appointees.
- Individuals in the Student Hourly, Graduate Assistant, Employee-In-Training or University Staff Temporary appointments **are not eligible** for this program to either donate or receive catastrophic leave.
- Individuals must be approved as an eligible recipient by the Chancellor or designee.

EMPLOYEE Information Section: Complete the EMPLOYEE name and address information being as thorough as possible including your Employee Identification Number (Empl ID). Use the e-mail address that you are most likely to use while you are on Leave of Absence.

Anticipated Dates of Leave: Indicate the date the leave is to begin and the date the leave is to end. Indicate whether the leave will be taken in one block of time (continuous) or in increments (non-continuous).

Salary Replacement Income: Salary replacement income may include, but is not limited to: replacement income from other employment, income continuation insurance, worker's compensation, hazardous duty benefits per UPS Operational Policy GEN12: Hazardous Employment Benefits, unemployment compensation, social security, or private insurance.

Return Completed Form To: Institution HR Office

Institution Information: Sign and date the form for when it was received. Indicate to whom the form was forwarded to for approval and on what date it was sent. Retain a copy of the form for the employee's file.