

Catastrophic Leave Request Information

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.

Review [UW System Administrative Policy 1214 \(formerly BN 5\) Catastrophic Leave Program](#) for more information.

Eligibility:

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

- Must be an active UW System employee who earns sick leave; and
- Must be in a faculty, academic staff, limited, or university staff position; 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 earned leave balance of no more than 16 hours of other paid leave (vacation, personal holiday, banked vacation (sabbatical/ALRA)); and
- Must not be receiving other salary replacement income (ex. Income Continuation Insurance, Workers' Compensation, Social Security, income from other employment, etc.).

INSTRUCTIONS

EMPLOYEE INFORMATION Section: Complete all fields. Use the e-mail address that you will use while on a leave of absence.

EMPLOYEE REQUEST Section:

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 [UW System Administrative Policy 1231 \(formerly GEN 12\) Hazardous Employment Benefits](#), unemployment compensation, social security, or private insurance.

Return Completed Form To: [Institution Human Resources Office](#)

INSTITUTION Section:

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.

Catastrophic Leave Request Form

EMPLOYEE INFORMATION:	
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"/> Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Limited Appointee <input type="checkbox"/> University Staff	
Work Address:	

EMPLOYEE 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	If yes , 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 an immediate family member, 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: / / _____	

Return form to [Institution Human Resources Office](#) upon completion.

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:		