



Employer Approval of Catastrophic Leave

Date:
To
From:
Subject: Catastrophic Leave Information Request

For Payroll Office Use Only:
Comments
Seniority Date:
FTE:

A catastrophic Leave request has been received for:

The following individual has been contacted and consents to this application:

Please provide the following information for the above named employee:

Employee Classification:	<input type="checkbox"/> University Staff	<input type="checkbox"/> Faculty	<input type="checkbox"/> Academic Staff	<input type="checkbox"/> Limited Appointee	
Is the employee in an active position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What is the total of the employee's remaining balances (vacation; personal holiday; sabbatical/ALRA)?		
Does the employee earn sick leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is the employee on an <i>UNPAID</i> leave of absence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has his/her sick leave account been exhausted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<i>If no, when will it be exhausted?</i> / /
Is the employee receiving salary replacement income such as ICI or Workers' Compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

The above information provided by:

Name	
Work Address	Dept #
Work Phone	E-Mail

CATASTROPHIC LEAVE APPLICATION APPROVAL/DENIAL:

The request for Catastrophic Leave for the above named applicant has been **approved / denied** (*circle one*). Please process donations accordingly.

(Authorized Signature)

(Date)

Return signed Approval Form to the Recipient's Payroll Office for Processing