

Bluefield State University Catastrophic Leave Request Form

Per BSU Policy No. HR-704 “Employee Leave” and BSU Policy No. HR-709 “Catastrophic Leave” available at <https://bluefieldstate.edu/resources/board-governors/policies>, a catastrophic illness or injury (not work related) means an illness or injury which is expected to incapacitate the employee and which creates a financial hardship because the employee has exhausted all available paid leave. Catastrophic illness or injury shall also include an incapacitated immediate family member if this results in the employee begin required to take time off from work for an extended period of time to care for the family member and the employee has exhausted all other paid leave.

Yes, I meet this requirement and I am requesting catastrophic leave.

Employee Name: _____

Employee BANNER ID: _____

Employee’s Job Title: _____

Employee’s Leave Balance to Date: _____

Reason for Catastrophic Leave Request: _____

Catastrophic Leave is due to illness or injury of: Employee Immediate Family Member

Date Catastrophic Leave is: Expected to Begin _____

Expected to End _____

Name of Treating Physician: _____

Attach Medical Leave Verification Form to be completed by attending physician documenting diagnosis, prognosis and duration of illness. Form is available at: <https://bluefieldstate.edu/resources/human-resources/forms>.

Participation in this program is voluntary. The information will be use to identify records properly associated with the request to become a catastrophic leave recipient. Furnishing the above referenced data is voluntary, but failure to do so may delay or prevent action on the request. Applying for and receiving catastrophic leave does not insure that an employee will receive donated days. Also, days donated may not be sufficient to cover the length of time needed. An employee will need to apply for an Unpaid Medical Leave of Absence in order to continue insurance for any extended amount of time not covered by donated days. **An Employee’s pay will be placed in arrears and the employee will be required to submit time cards upon their return to work until a sufficient amount of leave is accrued to cover any additional time off from work for a complete pay period.**

I certify the above statements are true and I understand this information provided.

Employee Signature

Date

FOR BSU OFFICE USE

APPROVED

DENIED

President or President's Designee

Date