

# ***HITCHCOCK ISD***

## **Catastrophic Sick Leave Request Form**

TO BE SUBMITTED TO THE PAYROLL/BENEFITS SUPERVISOR

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL PHONE #:** \_\_\_\_\_ **HOME #** \_\_\_\_\_

I request \_\_\_\_\_ days from the Catastrophic Sick Leave Bank. Number of days must be in increments not to exceed twenty (20) days. I request the date for Catastrophic Sick Leave be awarded beginning on \_\_\_\_\_.

Please state or describe in your own words, the nature of your situation and why you are requesting Catastrophic Sick Leave: \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Request Is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Number of Days Approved \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures of CSL committee

Date: \_\_\_\_\_