

**CATASTROPHIC LEAVE REQUEST FORM
DONATION OF LEAVE CREDITS AND/OR
PERSONAL NECESSITY LEAVE LIMITATION WAIVER**

I, _____, am requesting a donation of leave credits and/or a waiver on the limitation of personal necessity leave, on behalf of [] myself or [] _____, an employee of MiraCosta College.*

It is anticipated that _____ hours of donated leave are needed.

The following catastrophic illness or injury has occurred**:

*** (If a member of the employee's immediate family has suffered the catastrophic illness or injury, please include the relationship to the employee and explain the circumstances involving the employee.)*

Please check all of the following that are applicable:

- This catastrophic illness or injury has not resulted from: elective surgery; normal pregnancy; a workers' compensation claim; disabilities resulting from substance abuse; intentionally self-inflicting injuries; or common illnesses, such as cold, flu, allergies, headache, etc.
- I have attached documentation from the attending physician verifying that the illness or injury stated above is indeed catastrophic.
- I have exhausted my personal necessity leave allowance therefore, I am requesting a waiver of the limitation of personal necessity leave due to the catastrophic illness or injury of a member of my family.
- I or the employee I represent, have/has exhausted all other paid leave or compensatory time available.
- I understand that if I or the employee I represent accrue additional paid leave credits, these will be used prior to using donated credits.
- I am requesting the waiver and/or donation of leave credits because of financial hardship.

Signature of Employee or Representative*

Pay ID #

Date

**If representative of employee is completing form, a signed medical power of attorney must be attached.*

Submit completed form to the Human Resources Office, mail station 14.

Office Use Only

Submitted to Board on: _____ Submitted to Board by: (name) _____

Board Action: [] Approved [] Disapproved Date: _____

Call for donations made on: _____ Call for donations made by: (name) _____

Personal necessity leave available: [] hrs

Sick leave available: [] hrs

Vacation/compensatory time available: [] hrs