



# ISTC SICK LEAVE BANK

## Catastrophic Sick Leave Application

Catastrophic sick leave shall not be awarded until all accumulated personal, sick, and compensatory leave days in the personal account have been exhausted and the maximum number of loan days have been taken. All loans are subject to the approval and rules of the Sick Leave Bank Committee, including a 360-hour maximum limit. For business office purposes, internal catastrophic leave donations will be processed and applied prior to external catastrophic leave donations. This leave also requires medical certification.

**PLEASE PRINT**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Number/Last Four Digits of SSN

\_\_\_\_\_  
Immediate Supervisor's Name

I certify that I have exhausted all my leave options:

Sick Leave Days    \_\_\_ YES    \_\_\_ NO                      Compensatory Leave Days    \_\_\_ YES    \_\_\_ NO

Personal Leave Days    \_\_\_ YES    \_\_\_ NO                      Borrowed Sick Leave Days    \_\_\_ YES    \_\_\_ NO

Annual Leave Days    \_\_\_ YES    \_\_\_ NO

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature/Payroll Employee Confirming Information

Number of days requested for catastrophic leave: \_\_\_\_\_

Effective Date of Request:              Starting Date: \_\_\_\_\_              Ending Date: \_\_\_\_\_

Reason for Leave: (Please attach physician certification form):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR SLB COMMITTEE USE**

\_\_\_\_\_ Original request      Catastrophic Leave Days awarded by SLB \_\_\_\_\_

\_\_\_\_\_ Request for extension of loan

\_\_\_\_\_  
Signature of SLB Committee Chair

\_\_\_\_\_  
Date

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\_\_\_\_\_ Copy sent to payroll office

\_\_\_\_\_ Copy sent to applicant