

Human Resource Services FORM RESOURCES

Human Resource Services, Marshall University, 207 Old Main, One John Marshall Drive, Huntington, WV 25755
 Phone 304.696.6455, FAX 304.696.6844, E-mail human-resources@marshall.edu, Web <http://www.marshall.edu/human-resources>

CATASTROPHIC LEAVE RECIPIENT APPLICATION

Use this form to request to receive catastrophic leave from the Marshall University catastrophic leave program. Submit a paper copy of this form. The form may be completed on-screen and printed if viewed on the web. The form may also be printed out and completed with typewriting or pen-and-ink. Please print legibly. Completed forms should be sent to Human Resource Services at the above address.

I hereby request to receive catastrophic leave according to the information provided below. I understand that participation in this program is voluntary as are donations made by others to the catastrophic leave bank. I further understand that leave provided through this program is subject to the availability of leave donated by others either to the general bank or specifically in my name.

Name:		MU ID No.	
Job Title:			
Department:			
Category of Employment:	☐ Classified	☐ Nonclassified	☐ Faculty
Phone Number		E-Mail Address	

Describe the catastrophic illness/injury in the space below. Attached additional page if necessary.

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For CLASSIFIED EMPLOYEES only: I agree that my application and any supporting medical documentation may be reviewed by a classified employee selected by the Classified Staff Council to participate in review and recommendations for awards of catastrophic leave to classified employees. I understand that my application and medical documentation will not be copied or distributed beyond the Human Resource Services office. I understand that the classified employee is pledged not to discuss or divulge any information about this application or my medical documentation to anyone else. I understand that declining this review involving a fellow classified employee will not adversely affect my application.

☐ Yes	☐ No
Individual affected by catastrophic illness (check one):	☐ Employee ☐ Employee's Family Member
Date catastrophic illness began/will begin:	
Date catastrophic illness ended/is expected to end:	
Name of physician who is verifying catastrophic illness:	

A physician's certificate signed by a physician must be attached and must show (1) a diagnosis; (2) a prognosis; (3) estimated length of absence required; and (4) the medical necessity for the applicant to be off from work.

Individuals applying for catastrophic leave may receive either an allocation of leave from the general catastrophic leave bank, or may be authorized to use leave donated specifically in their behalf by others, or a combination of both. Persons approved to receive catastrophic leave donated specifically in their behalf by others may either (1) solicit donations of leave themselves through private personal communications with fellow employees or with employee constituent groups such as the Classified Staff Council or (2) request that Human Resource Services solicit contributions in their behalf. University e-mail, telephone services, or mailroom may not be used by individuals seeking their own contribution. Human Resource Services is authorized to use official communication channels to request contributions. **Please check below the preferred method for soliciting donations.** Human Resource Services does not divulge anything about the medical circumstances of the application in its communications soliciting contributions. If the applicant chooses to allow Human Resource Services to solicit contributions, he/she may at the same time personally solicit contributions so long as no official University communication channels are used.

☐ I will solicit my own leave donations.	☐ Human Resource Services is requested to solicit in my behalf.
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I certify that the above statements are true. I hereby authorize release by my physician to Marshall University of information as set forth above.

Signature:		Date:	
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SPACES BELOW TO BE COMPLETED BY CATASTROPHIC LEAVE PROGRAM ADMINISTRATOR

Program Administrator's decision:	☐ APPROVED	☐ DISAPPROVED
Terms and conditions of catastrophic leave award:		
Signature:		Date:

DISTRIBUTION: Applicant: One copy to Human Resource Services; keep one copy.
Administrator: One copy to applicant; keep one copy.