Formal Appeal to Committee on Catastrophic Leave

Pursuant to NRS 284.362 to 284.3629, an employee that is aggrieved by a decision of an appointing authority may appeal the decision by filing a written notice of appeal with the committee within 10 days after the date of the appointing authority's decision.

Name of Appellant:	Employee ID #:			
Mailing Address:		City:	State:	_Zip:
Home Phone:		Work Phone:		
Class Title:	_ Departmer	nt:	Division:	
Date Catastrophic Leave Requested:_		Date Catastro	ophic Leave Deni	ed:
Describe how you have been aggrieve	ed by the ap	ppointing auth	ority's decision (NRS 284.362 to
284.3629). Please be specific.				

Please attach a copy of the denied Request to Receive Catastrophic Leave Donations form (PAY-23) and Physician's Certification for Catastrophic Leave Request – Employee form (PAY-23CE) or Physician's Certification for Catastrophic Leave Request – Immediate Family Member form (PAY-23CF) and any other pertinent documentation to this form and submit to:

Committee on Catastrophic Leave c/o Clerk to the Committee 100 N. Stewart St., Suite 200 Carson City, Nevada 89701 Fax (775) 684-0118

Email: CatLeaveCoordinator@admin.nv.gov