

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: _____ Department: _____ Division: _____

Date Catastrophic Leave Requested: _____ Date Catastrophic Leave Denied: _____

Describe how you have been *aggrieved* by the appointing authority'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