NOTIFICATION OF AGENCY’S PAYROLL CENTER
(REGARDING A REQUEST TO USE CATASTROPHIC LEAVE)
(Per NRS 284.362)

To be completed by person requesting leave or his/her immediate supervisor.

REQUESTOR:  (Please print or type) 

NAME:  

EMPLOYEE ID#:  

TITLE:  

CLASS CODE:  

GRADE:  

HOURLY RATE:  

DEPARTMENT:  

DIVISION:  

CATASTROPHIC LEAVE BEGINNING DATE:  

(This date should be the same as the Catastrophic Leave Beginning Date found in Section I, Number 3 of the PAY-23 form. The appointing authority has the authority to modify this date when approving this form)

NUMBER OF HOURS APPROVED:  

TRANSFER _______ HOURS FROM THE GENERAL CATASTROPHIC LEAVE ACCOUNT.

TRANSFER _______ HOURS FROM THE CATASTROPHIC LEAVE ACCOUNT, WHICH WERE SPECIFICALLY ALLOCATED FOR USE BY THE REQUESTOR.

Pursuant to NRS 284.3622, the maximum number of hours that may be transferred to an employee is 1,040 in any one calendar year.

Requestor Signature  Date

SUPERVISORY APPROVAL:  (CHECK ONE)  ☐ YES  ☐ NO

Signature of Immediate Supervisor  Date

APPOINTING AUTHORITY:  (CHECK ONE)  ☐ YES  ☐ NO

Signature and Title of Appointing Authority  Date

Distribution:  Appointing Authority
Agency Payroll Clerk
Employee

PAY-23A
Rev. 06/08/2010