

**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)	BUDGET ACCOUNT #:
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