

REQUEST TO RECEIVE CATASTROPHIC LEAVE DONATIONS

Section I: To be completed by the employee or designated representative			
Employee name:		Employee ID #:	
Title:	Class Code:	Grade:	Hourly rate:
Department:	Division:	Budget Acct #:	
<p>1. I am requesting catastrophic leave donations for (check one):</p> <p><input type="checkbox"/> My own medical condition requiring a "lengthy convalescence" (<i>per NRS 284.362 and NAC 284.575</i>)</p> <p><input type="checkbox"/> My own medical condition which is "life threatening" (<i>per NRS 284.362 and NAC 284.575</i>)</p> <p><input type="checkbox"/> A serious illness, accident or motor vehicle crash which is "life threatening" or which will require a "lengthy convalescence" in my immediate family (<i>per NRS 284.362, NAC 284.5235 and NAC 284.575</i>)</p> <p><input type="checkbox"/> The death of an immediate family member (<i>per NRS 284.362 and NAC 284.562</i>)</p> <p>2. If the request for catastrophic leave is due to a catastrophe in your immediate family, please indicate the name and your relationship to the family member.</p> <p>Name: _____ Relationship: _____</p> <p>3. I will need to use catastrophic leave beginning (date) _____ and ending on: _____ for a total of _____ hours. <i>Pursuant to NRS 284.3622, the maximum number of hours that may be transferred to an employee is 1,040 in any 1-calendar year.</i></p>			
_____ Employee or designated representative signature		_____ Date	
<p>Attach 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).</p> <p>An employee "aggrieved" by any decision of an appointing authority made pursuant to NRS 284.362 to 284.3629, may appeal the decision by filing a written notice of appeal (Form PAY-23B) with the Committee on Catastrophic Leave within 10 days after the date of the decision.</p>			
Section II: To be completed by the immediate supervisor			
The employee will exhaust his/her sick and annual leave on (date): _____			
_____ Signature of Immediate Supervisor		_____ Date	
Section III: To be completed by appointing authority			
Complete all that are appropriate:			
<p><input type="checkbox"/> The employee <u>does not</u> meet the statutory and regulatory requirements to receive catastrophic leave.</p> <p><input type="checkbox"/> The employee meets the statutory and regulatory requirements to receive catastrophic leave.</p> <p><input type="checkbox"/> I am authorizing the transfer of _____ hours of catastrophic leave from the general catastrophic leave account.</p> <p><input type="checkbox"/> I am authorizing the transfer of _____ hours of catastrophic leave, which were specifically allocated for use by this employee.</p> <p><input type="checkbox"/> I am authorizing:</p>			
_____ Signature of Appointing Authority		_____ Date	
If the employee meets the statutory and regulatory requirements to receive catastrophic leave donations and you have not approved the employee's request for the transfer of hours, please explain why:			

*If approved, Notification of Agency's Payroll Center (Form PAY-23A) must be completed to notify Payroll Center.			

Distribution: Appointing Authority, Employee