## LOS RIOS COMMUNITY COLLEGE DISTRICT APPLICATION FOR CATASTROPHIC ILLNESS OR INJURY LEAVE Classified and Management Employees

**Instructions:** Employee or representative is to complete this form and attach the Physician's Statement and the Authorization for Release of Medical Information form. All forms are to be returned to the Employee Benefits Department which will verify eligibility and forward to Human Resources for processing.

Employee N	Vame					
Employee ID #		Work F	Phone		Home Phone	
Location:	$\square$ ARC	□ CRC	□ FLC	$\square$ scc	□ DO/FM	
Unit:	☐ LRCE	EA 🗆 SEIU	□ LRSA	☐ MGMT/	/CONF	
of leave com	nmencing the firs eligible for the	st day that I am in le	less than full pay	y status. I understa	nd that I may apply for up to ninety (90) calestand that I must exhaust all my eligible leave that I may be awarded Catastrophic Leave	e balances
I am re	questing Cata	strophic Leave f	rom	/ / to	to for:	
		or Injury Check h injury/ii re of the incapacit			Check here if this is an extension to an approved Cat Leave:	_
	- mediate Famil	ly Member Illnes	•			_
		vicinoci.				
	•	re of the incapacit				
	Attach	• 0		d a Physician's S ly member's inc	Statement verifying your or acapacitation.	_
verifying m member, I h beyond my	ny illness/injury nereby verify th available leave	y or that of an in nat I am required t es. I have also atta	mmediate fami to care for this eached the Catas	nily member. If s family member astrophic Illness	ogram. I have attached a Physician's Sta If leave request is due to an immediate or for the requested period of time which is or Injury Leave Medical Certification for	e family extends
Employee S	ignature				Date	
					Reason:	
		Signa	ature – HR Direct	otor		

**Distribution**: White <u>and</u> Canary: Human Resources Pink: Employee BS #185 / 8/2024