

Belmont University Catastrophic Leave Donation Program Recipient Application Request

Date: _____ Belmont ID Number: _____

Recipient's Name (printed): _____

1. Have you exhausted all sick leave, vacation leave, and paid time off?
Yes No Pending
(If yes, or pending, please indicate the effective date: _____)
2. How many hours are you requesting? _____ Period of time: _____
3. What is the expected duration of the Catastrophic Leave? From: _____ To: _____
4. Briefly state the reason(s) you need leave hours:
5. Have you requested Catastrophic Leave during the last twelve-months? Yes No
6. If the answer to question 4 is yes,
 - a. What was the amount of leave granted to you within the last twelve months? _____ Hours
7. Expected date of return to work:

Recipient's Signature Date

Department Head's Signature Date

Department Head's Title

Return the completed form to the Office of Human Resources, Fidelity Hall Suite 426

For Human Resource/Payroll Use Only

Approved Number of Days/hrs approved _____ Denied

Processed by: _____ Date: _____

Effective 7/14/2003