



CITY OF PITTSBURG

**APPLICATION
CATASTROPHIC LEAVE PROGRAM**

Name: _____

Department: _____

Phone Number (home): _____ (work) _____

Each of the following must apply:

- I am a regular employee.
- I or an immediate family member have sustained a serious illness or injury.
- I have exhausted all paid time off or will do so by: _____
- I will be unable to work for 30 calendar days and have requested a leave of absence without pay for medical reasons.

I request to participate in the City's Catastrophic Leave Program. I am making this request because I or an immediate family member have a serious illness or injury. Attached is medical verification of the condition.

I understand my rights as outlined in the Catastrophic Leave Program and agree to abide by the procedures discussed in that document.

Signed: _____ Date: _____

HUMAN RESOURCES DEPARTMENT

Request received by _____, on the _____ day
of _____, 20_____.