



County of Marin
Catastrophic Leave Application Form
Human Resources Department
PMR 44 – Leaves of Absence

I hereby request Catastrophic Leave for the following reasons (attach additional sheet if necessary): _____

I have read the County Catastrophic Leave Policy and believe I meet all the eligibility requirements. I understand that it may be necessary to provide a physician's statement to verify the injury/illness.

All of my paid leave balances will be exhausted on _____

___ I am OR ___ I am not eligible for disability insurance payments: ___ SDI ___ LTD
___ Other (explain): _____

Print name: _____ Department: _____

Personnel #: _____ Date: _____
(This # is located on the top line of your paycheck to the right of your name)

If my request is approved, I agree to the establishment of a time-bank in my behalf. I agree to allow the Human Resources Department to publish a memo to County employees and to solicit voluntary contributions Countywide on my behalf.

Signature: _____

Application () Approved

Application () Denied --

Reason: _____

Director of Human Resources signature: _____ Date: _____