**Catastrophic Leave Request Form**

**Catastrophic Leave Request Information**

The Catastrophic Leave Policy is available to help support employees who have exhausted all of their earned paid leave and need to take an extended unpaid leave of absence from work due to an illness or injury that incapacitates either the employee or the employee’s immediate family member.

Submitting a catastrophic leave request form does not guarantee that an employee will receive catastrophic leave donations. Catastrophic leave is provided based on donations received from other employees.

Catastrophic Leave Policy: [Catastrophic Leave - UW-Madison Policy Library (wisc.edu)](https://policy.wisc.edu/library/UW-5062)

**Eligibility:** An employee must satisfy the following conditions to be eligible to receive leave donations under the policy.

* Be in an active, sick leave earning Faculty, Academic Staff, Limited appointee, or University Staff appointment; and
* Be on an approved unpaid leave of absence due to a catastrophic need of the employee or an immediate family member; and
* Have used all earned sick leave hours, and have exhausted all earned vacation, vacation carryover, personal holiday, floating legal holiday and banked vacation (formerly sabbatical/ALRA); and
* Not be receiving other salary replacement income including Income Continuation Insurance (ICI) and Worker’s Compensation; and
* Provide sufficient medical documentation, to the Divisional Disability Representative (DDR), to conclude that a catastrophic need exists; and
* Complete the [Catastrophic Leave Request form](https://www.ohr.wisc.edu/docs/CatastrophicLeaveRequest.docx?web=1) and submit to Department/Division Human Resources; and
* Be approved as an eligible recipient by the Dean, Director or Designee.

**INSTRUCTIONS**

**SECTION 1: Completed by the Recipient or by Someone Else at the Recipient’s Request**

**A. Recipient Information:** Complete all required fields. Fields marked “optional” may be left blank if unknown. List the email address that you will use while on a leave of absence. Briefly describe the reason for the leave request.

**B. Anticipated Dates & Amount of Leave Needed:** Indicate the date the leave is to begin and the date the leave is to end. Indicate the anticipated number of hours of Catastrophic Leave donations needed during your approved leave of absence. Indicate whether the leave will be taken in one block of time (continuous) or in increments (non-continuous).

**C. Salary Replacement Income:** Indicate if you are receiving salary replacement income, including ICI and Worker’s Compensation.

**D. Signature:** The recipient, or individual completing the form at the recipient’s request, is required to sign and date the request form. Forward the signed form to the recipient’s Divisional Disability Representative (DDR) or Human Resources Office based on your unit’s process.

**SECTION 2: Completed by the Recipient’s DDR, HR, Supervisor, and Dean/Director/Designee**

**A. Conditions for Catastrophic Leave:** The DDR or Human Resources Office will answer each question about the recipient’s circumstance. The employee must meet all the criteria to receive Catastrophic Leave donations (all questions must be marked “yes”).

**B. Signatures:**

1. DDR/HR Office: After the DDR or Human Resources Office completes Section 2A, sign and date the form indicating the day it was received. The DDR/HR signature indicates the employee is eligible to receive catastrophic leave donations. Forward the form to the recipient’s supervisor.
2. Supervisors: Supervisors sign the form acknowledging they are aware their employee may receive catastrophic leave donations. Return form to DDR/HR or forward the form as directed.
3. Dean/Director/Designee: The Dean, Director, or designee signs the form to approve the catastrophic leave request. Return form to DDR/HR or forward to the recipient’s payroll office.

**C. Recipient’s Payroll Office:** If applicable, indicate recipient’s eligibility date for ICI (the date the employee will begin receiving ICI payments). Retain a copy of this request form for the employee’s file. Indicate if this is not applicable.

**CATASTROPHIC LEAVE REQUEST FORM**

**Faculty, Academic Staff, University Staff, or Limited Appointments**

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| **SECTION 1****(Completed by the Recipient or Someone Else at the Recipient’s Request)**  |
| **A. Recipient Information** |
| **Recipient’s Name:** Click or tap here to enter text.         | **Today’s Date:** Click or tap to enter a date.              |
| **Employee ID # (optional):** Click or tap here to enter text.  | **Appointment Title:** Click or tap here to enter text.  |
| **Division/Department:** Click or tap here to enter text.  | **UDDS (optional):** Click or tap here to enter text.  |
| **Employment Category:** Faculty: [ ]   Limited Appointments: [ ]  Academic Staff: [ ]  University Staff: [ ]   | **Pay Basis (optional):** A-Basis: [ ]  C-Basis: [ ]  H-Basis: [ ]  Other: Click or tap here to enter text. |
| **Email While on Leave:**Click or tap here to enter text.       | **Phone #:**Click or tap here to enter text.  |
| **Request Details: Briefly explain reason for Catastrophic Leave request. (If leave is to care for an immediate family member, please indicate the name of and relationship to the person who needs care.)** Click or tap here to enter text. |
| **B. Anticipated Dates of Leave & Amount of Leave Needed** |
| **Anticipated Dates of the Leave of Absence:** Click or tap to enter a date. **-** Click or tap to enter a date.**Anticipated Amount of Catastrophic Leave Needed (in whole hours):** Click or tap here to enter text. Hours**Select Leave Type:**Continuous Leave[ ] Non-Continuous Leave [ ]  |
| **C. Salary Replacement Income** |
| **Are you receiving any salary replacement income?** Yes [ ]  No [ ] If yes, indicate what type: Income Continuation Insurance [ ]  Worker’s Compensation [ ]   |
| **D. Signature** |
| **Signature of Recipient:** Click or tap here to enter text. **Date:** Click or tap to enter a date. (or signature the individual completing the form on the recipient’s behalf) |

\*After signing, forward form to recipient’s Divisional Disability Representative (DDR) or Human Resources Office.

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| **SECTION 2****For College/School/Division Use Only****(Completed by the Recipient’s DDR, HR, Supervisor, and Dean/Director/Designee)** |
| **A. Conditions for Catastrophic Leave**  |
| Completed by the recipient’s Divisional Disability Representative (DDR) or HR Office.  | **Checklist  √** |
| Sufficient information has been provided to the DDR to conclude that a catastrophic illness or medical condition exists, and a leave of absence has been approved.   | Yes [ ] No [ ]  |
| Without these provisions, an approved leave of absence without pay would be needed.  | Yes [ ] No [ ]  |
| All accumulated paid leave including sick leave, vacation days, and personal/floating holidays have been exhausted. | Yes [ ] No [ ]  |
| Income Continuation Insurance (ICI) is not currently being used (due to waiting period or ineligibility).  | Yes [ ] No [ ]  |
| Employee is not receiving Worker’s Compensation. | Yes [ ] No [ ]  |
| **B. Signatures** |
| The signatures of the following individuals indicate that: 1) the conditions for Catastrophic Leave have been met, and 2) approval is granted for the Catastrophic Leave account to be created for the named employee.**Signature of DDR:** Click or tap here to enter text. **Date:** Click or tap to enter a date.**Signature of Recipient’s Supervisor:** Click or tap here to enter text. **Date:** Click or tap to enter a date.**Signature of Dean/Director/Designee:** Click or tap here to enter text. **Date:** Click or tap to enter a date.\*Catastrophic leave will not be granted until the employee had exhausted all other leave benefits and cannot be used in place of ICI (once the waiting period has expired). |
| **C. Recipient’s Payroll Office**(For Recipient’s Payroll Office Use Only)  |
| Eligibility Date for ICI (if applicable): Click or tap to enter a date.   Not Applicable: [ ]  |

University of Wisconsin-Madison

Office of Human Resources – Workforce Relations

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