U of A System Division of Agriculture
Catastrophic Leave Bank Program
Application for Medical Extension Request (Extension Request)

Please Type or Print Legibly

Instructions: Complete this form to apply for an **Extension of an approved Catastrophic Leave period**. Attach all appropriate documentation of the medical emergency and include the Physician's Certification for Catastrophic Leave. Submit completed forms to the Human Resource Office. Refer to the Catastrophic Leave Bank Program Policy for additional information.	**Note:** The award of Catastrophic Leave is dependent upon its availability within the Catastrophic Leave Bank. The program does not create any expectation or promise of continued employment.

Part I – Application and Certification (*To be completed by applicant or designee on his/her behalf*).

Patient Name (Last, First, Middle Initial) * *if different than the employee*	Relationship to Employee

Employee Name (Last, First, Middle Initial)	Work Location	Work Phone Number	Home Phone Number	

Amount of Catastrophic Leave Requested		Duration Dates of Catastrophic Leave Request	
Last Day Worked	Total Time Requested	Beginning Date:	Projected Date

Certification: (Check all appropriate sections) ***I certify that***:

1. ☐ I have been affected by a medical emergency described on the attached Physician's Certification.
2. ☐ I expect to be absent from work without paid leave because of this medical emergency.
3. ☐ I have been absent from duty for at least twenty (20) continuous working days due to a medical emergency and require an **extension** of the Catastrophic Leave period.

I understand and agree with the following:

- I have been employed with the University of Arkansas System for at least one (1) year in a regular, full-time (100%) position.
- While on catastrophic leave for medical emergency, all my accrued sick and annual leave will be returned to the Catastrophic Bank.
- I will forfeit the catastrophic leave benefits if I terminate my employment or my employment is terminated; or if there is any fraud or misrepresentation of facts in making application for leave from the Catastrophic Bank.
- I will have my approved catastrophic leave due to illness/injury run concurrently with the Family Medical Leave Act (FMLA) provisions, if eligible.
- The decisions of the Catastrophic Leave Committee or the Director of Human Resources are not subject to any grievance, arbitration, or litigation.

Signature of Employee Requesting **Extension** of Catastrophic Leave or his/her designee	If Designee, state your relationship to Requestor	Date Signed

Part II – Human Resources Verification – Extension Request

Full Time (100%) UASYS Employee for Minimum of one (1) year ☐ Yes ☐ No Employee ID #	Written Disciplinary Action for Leave Abuse during the past year ☐ Yes ☐ No	Employee has been absent from duty for at least twenty (20) continuous working days ☐ Yes ☐ No

Physician Statement indicates employee illness requires an extension of an approved Catastrophic Leave period due to the continuation of the existing medical emergency

☐ Yes ☐ No

Human Resource Official (Print Name)	Human Resource Official Signature	Phone Number	Date Signed

Part III – Catastrophic Leave Committee Recommendation & HR Director Approval - Extension Request			
Date Reviewed	Extension Recommendation ☐ Yes ☐ No	Recommended Length of Catastrophic Leave Extension Beginning Date (Per Physician)	Ending Date (Per Physician)
Signature of Catastrophic Leave Bank Committee Chairperson/Designee		***Date Signed	
Date Reviewed by HR Director	Committee Recommendation Approved ☐ Yes ☐ No	Signature of HR Director	
** Document submitted to Financial Services Payroll Representative by:		Date Submitted	

** Completed by HR/Begin Date excludes leave exhaustion

***Date may be different from dated reviewed if Committee Chair signs at a later date.

EXTENSION REQUEST (HR Check one box:) ☐ **Block of Time** ☐ **Intermittent**

Part IV - Payroll Verification Catastrophic Leave – Extension Request (Complete only one section)						
Current Balance (Dollar Value) In Catastrophic Leave Bank	Latest Hire Date	Company Service Date	Available remaining hours of Catastrophic Leave	Duration Dates of Catastrophic Leave **Block of Time** Request Beginning Date	End Date (Per Physician)	Estimated Total Dollar Value of Hours **and** Number Catastrophic Hours to be Used
Signature of Payroll Representative		Position Title		Date Signed		
Current Balance (Dollar Value) In Catastrophic Leave Bank	Latest Hire Date	Company Service Date	Available remaining hours of Catastrophic Leave	Duration Dates of Catastrophic Leave **Intermittent** Request Beginning Date	2 year period ends	Estimated Total Dollar Value of Hours **and** Number Catastrophic Hours to be Used
Signature of Payroll Representative		Position Title		Date Signed		

Worker's Compensation Status			
Applied? Date ☐ Yes ☐ No	Approved? Date ☐ Yes ☐ No	Pending? Date ☐ Yes ☐ No	Denied? Date ☐ Yes ☐ No
Amount of Worker's Compensation Weekly Benefits	Hourly Rate on Date of Accident	Hours of Catastrophic Leave Requested Weekly	
Date Worker's Compensation Commenced	Expected Duration	Date	
Signature of Payroll Officer	Position Title	Phone Number	