**COVID-19 Catastrophic Leave Application**

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| Employee Full Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee ID #:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department: | Division:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I hereby request catastrophic leave for the following reasons:

\_\_\_\_To care for my children due to a school closure related to COVID-19

\_\_\_\_To care for myself or immediate family related to COVID-19

\_\_\_\_Other illness – describe below

Description of Request. If applying to care for dependents, please include their name, relationship and date of birth:

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| All of my paid leave balances will be exhausted on (date):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First date catastrophic leave requested for:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date catastrophic leave ends:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hours requested by employee:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Indicate below if you have applied for or are receiving any of the following:

|  |  |
| --- | --- |
| \_\_\_\_ State Disability Insurance | \_\_\_\_ Paid Family Leave (PFL) |
| \_\_\_\_ Workers Compensation | \_\_\_\_ Unemployment |
| \_\_\_\_ Emergency Paid FMLA | \_\_\_\_ PORAC Disability |
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If you have answered yes, you will be eligible to receive the permitted leave coordination amount allowed based on the benefit you have applied for up to the maximum of 20 hours per week. For employees electing SDI and PFL, the maximum leave coordination amount is 12 hours per week. If you currently receive Workers Compensation, you are **ineligible** for Catastrophic Leave. For Voya Disability, the coordination leave amount is 16 hours. The coordination of time will ensure you are receiving 100% of your pay when factoring in all benefits.

Employee Signature: Date:

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Personal Email: Home/Cell Phone #:

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