CLEAR SAVE

STATE OF CALIFORNIA
CATASTROPHIC LEAVE REQUEST
DGS OHR 903 (Rev. 09/2019)

DEPARTMENT OF GENERAL SERVICES
Office of Human Resources

INSTRUCTIONS:

1. Read the entire employee statement.
2. Date and sign form.
3. Obtain Supervisor's signature/acknowledgement.
4. Attach medical verification and submit documents to the Office of Human Resources Return to Work Unit Medical Coordinator.

TO BE COMPLETED BY THE EMPLOYEE

LAST NAME | FIRST NAME | M.I. | ABMS NUMBER

CLASSIFICATION | OFFICE/UNIT

ESTIMATE OF CURRENT LEAVE BALANCE | REQUEST TYPE

☐ Initial Request ☐ Modification

EMPLOYEE STATEMENT

- I request to participate in the Catastrophic Leave Program to permit donations of leave credits to my leave balances.
- I, or a family member, have suffered a catastrophic illness or injury. I have attached a doctor's verification (containing sufficient information of serious illness/injury including incapacitation and inability to work) to this request.
- I understand that this request is not subject to the grievance and arbitration procedures.
- I allow the Department of General Services to use my name to publicize my need for donated credits as indicated below:

  ☐ Department Wide
  ☐ I do not wish to announce my CAT leave.
  ☐ Other, please specify (e.g. program only, family only): _____

EMPLOYEE OR LEGAL REPRESENTATIVE SIGNATURE | DATE

TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR

By signing below, I am acknowledging receipt of this request.

SUPERVISOR NAME (PRINT) | SUPERVISOR SIGNATURE | DATE

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

☐ APPROVED ☐ DENIED

TOTAL HOURS APPROVED | EFFECTIVE DATE | END DATE

PERSONNEL OFFICER NAME | PERSONNEL OFFICER SIGNATURE | DATE

Copy to: Medical File
Office Chief
Personnel Transactions Unit
Requesting Employee