

**Central Michigan University  
Serious & Catastrophic Leave Bank Application**

(Note: This application can be initiated by the employee or another individual if the employee is incapacitated.)  
See guidelines @ [https://www.cmich.edu/office\\_president/general\\_counsel/Documents/p04001.pdf](https://www.cmich.edu/office_president/general_counsel/Documents/p04001.pdf)  
Questions? Contact Emma Latoski at (989) 774-7194

**All sections of this application must be completed BEFORE submitting to Human Resources.**

<b>Employee Name</b>			
<b>Personnel Number</b>		<b>Date of Hire (MM/YR)</b>	
<b>Employee Group</b>		<b>Department</b>	
<b>Campus Address</b>		<b>Campus Phone</b>	
<b>Home Address</b>		<b>Home Phone</b>	
<b>Leave Bank Hours Requested</b>		<i>NOTE: Not to exceed 80 hrs per calendar year-prorated for part time</i>	
<b>Date(s) hours will be used</b>			
<b>Date leave balances are anticipated to be exhausted</b>			
<b>Do you have Short Term Disability? YES NO</b>			
<b>Family member name, if family member illness</b>			
<b>Relationship to employee</b>			
<b>Name (printed) of health care provider</b>			
<b>Address-health care provider</b>			
<b>Phone number-health care provider</b>			
<b><u>MEDICAL CERTIFICATION FORM MUST BE ATTACHED:</u></b>			
<ol style="list-style-type: none"> <li>1. I give my permission, if necessary, for the Human Resources department to verify or request additional information and/or documentation from my attending health care provider.</li> <li>2. I give permission to the university to share my medical information with the committee members. I understand that committee members are obligated to keep this information confidential.</li> <li>3. I certify that all information on this application is correct.</li> <li>4. I understand the decision of the Serious &amp; Catastrophic Leave Committee is final.</li> <li>5. I agree to comply with the requirements of the Serious &amp; Catastrophic Leave Bank policy.</li> </ol>			
<b>Employee/Designee Signature</b>		<b>Date</b>	
<b>If Designee, state relationship to employee:</b>			
<b>TO BE COMPLETED BY THE SUPERVISOR</b>			
I have knowledge the above employee is making application to the Serious & Catastrophic Leave Bank.			
<b>Supervisor's Signature</b>		<b>Date</b>	
Submit completed application to: Emma Latoski/Human Resources, Rowe 109			
Applications MUST BE COMPLETED and SUBMITTED to Human Resources at least 10 working days prior to the anticipated expiration of all leave time, or within 10 days of leave start, if leave was unanticipated and employee did not have a leave balance at the time leave commenced.			