

**TOWN OF NORTH HEMPSTEAD CATASTROPHIC LEAVE BANK PROGRAM
APPLICATION FOR CATASTROPHIC LEAVE**

PART I – To be completed by employee.

Name	Employee ID		
Department			
Work Address			
Work Phone	(City)	(State)	(Zip)

I hereby request catastrophic leave for the following period: _____ to _____

I have received, read, and understand the Town of North Hempstead Catastrophic Leave Bank Program Policy. I understand that my application for catastrophic leave will be evaluated in accordance with the terms set forth therein. I further understand that any catastrophic leave benefits I may be granted as a result of this application will be governed by the terms of the Catastrophic Leave Bank Program Policy.

Employee Signature	Date
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PART II – To be completed by the Catastrophic Leave Bank Committee.

After evaluating the above-named employee's application for catastrophic leave in accordance with the terms of the Catastrophic Leave Bank Program Policy, the Catastrophic Leave Bank Committee makes the following determination:

_____ RECOMMENDS to the Town Supervisor that the above-named employee's application be granted.

_____ DOES NOT RECOMMEND to the Town Supervisor that the above-named employee's application be granted for the following reasons:

Notes:

Catastrophic Leave Bank Committee	Date
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PART III – To be completed by the Town Supervisor.

The above-named employee's application for catastrophic leave is: APPROVED _____ NOT APPROVED _____

Town Supervisor, Town of North Hempstead	Date
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