

BREWTON-PARKER COLLEGE

CATASTROPHIC SICK LEAVE REQUEST FOR ASSISTANCE

*Due to the depletion of my sick leave benefit, I am requesting assistance from the Catastrophic Sick Leave Pool.
The reasons for this request are on the attached page.*

NAME : _____

NUMBER OF DAYS REQUESTED: _____ DATE _____

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SUPERVISOR RECOMMENDATION: _____ 1) That the number of days
requested above be approved.
_____ 2) That the approval be denied.

Rationale: _____

Supervisor Signature

Date

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BENEFITS COMMITTEE ACTION: Approved _____ days of catastrophic sick leave.

Chairman

Date