



Albuquerque Public Schools
Catastrophic Leave Recipient Request

CSE, CSN, ESE, ESN, MSE, MSN, PSE, PSN, SPE, Management and Technical Support are eligible to donate to or receive from this program. For purposes of this procedural directive, an employee who is not covered by a negotiated agreement (ATF, AESS, ASCA, SWC M & O, EPOA, CWA Food Services) may be eligible to donate or receive.

Definition of “catastrophic illness or injury” means an illness or injury which results in requiring a level of care and treatment beyond what could be provided without assistance.

Have you applied for an extended leave of absence? Yes No

If you have not applied for an extended leave of absence, **STOP**. Your request for Catastrophic Donation benefits will not be processed until you are on an approved leave of absence.

Name of Recipient _____

Employee ID Number _____ Last Date Worked _____

Are you eligible for Long Term Disability insurance? Yes No

Will your available sick, personal, and annual leave be exhausted during to this leave of absence? Yes No

Are you requesting the Leaves Office to solicit donations on your behalf? This will be done by a mass Email to all eligible employees. Yes No

I certify I have read and understand the definition of “catastrophic illness/injury” as stated above. I further certify my situation meets the definition of “catastrophic illness/injury”.

Signature of Recipient

Date