

**WALLACE COMMUNITY COLLEGE SELMA
APPLICATION TO REQUEST CATASTROPHIC LEAVE**

PRIOR TO BEING AWARDED CATASTROPHIC LEAVE THE BENEFICIARY MUST HAVE BORROWED THE MAXIMUM NUMBER OF DAYS FROM THE SLB WITHOUT THE REQUIRED VOTE OF GENERAL MEMBERSHIP OF SLB (NOT TO EXCEED 15 DAYS)

PLEASE PRINT

EMPLOYEE'S NAME

EMPLOYEE NUMBER

INSTITUTION NAME

AMOUNT OF TIME REQUESTED FOR CATASTROPHIC LEAVE _____

EFFECTIVE DATE OF REQUEST

STARTING DATE _____ ENDING DATE _____

REASON FOR LEAVE

Signature

Date

FOR USE BY THE SLB COMMITTEE

_____ Days borrowed from SLB Guidelines met for catastrophic leave _____

_____ Application, letter of request, physician's statement received

_____ Approved _____ Denied

Signature of SLB Committee President

Date

Send this application to:

SLB Committee Chairperson
Wallace Community College Selma Business Office

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Initials of Committee Member: _____