



Member Request for CAT Bank Leave Hours

CATASTROPHIC LEAVE BANK
For best results, please complete this form electronically.

Deliver to CAT Bank at CATBankAdmin@pima.gov,
150 W Congress, 4th floor or by Fax 520-791-6514.

CAT Bank Member Name:		EIN:	Date of Request:	
Current Mailing Address:		City:	State:	Zip:
Job Title/Classification:	Department Name/Code:		Date of Hire:	
Please send CAT Bank correspondence to: (select all that apply) <input type="checkbox"/> My mailing address above. <input type="checkbox"/> My work email: _____ <input type="checkbox"/> My home email: _____		Work days (ex: M-F):	Work Phone:	
		Hours worked per day: (ex: 8 hrs)	Home Phone:	
			Cell Phone:	

I understand and acknowledge by submitting this form that:

- Approved CAT Bank Leave hours may only be used for the reason(s) indicated below.
- I have read and understand Administrative Procedure 23-46.

Reason for Leave: *Refer to Administrative Procedure 23-46 for definitions.*

I am currently on the following leave of absence without pay (check type):

- FML
 Humanitarian/Personal Leave
 Medical Leave of Absence

For: (check reason)

- Employee's own health condition
 This injury is related to an ICA/Workers' Compensation claim:
 No Yes Claim#: _____
- To care for a family member with a serious health condition:
 Name: _____ Relationship: _____ Date of Birth: _____
- Military Qualifying Exigency
 Military Member: _____
- Military Caregiving
 Name of Covered Servicemember: _____

Anticipated Dates of CAT Bank Leave:

- Intermittent: I am requesting CAT Bank Leave hours on an intermittent basis.
 For pay period ending _____, I am requesting # _____ hours. (Hour increments) I
 anticipate using CAT Bank hours on the following dates: _____
- Continuous: I am requesting CAT Bank Leave hours on a continuous basis.
 Date accruals exhaust(ed): _____
 Estimated date of return to work: _____

Name and Signature of Employee _____ Date _____

CAT BANK Use Only

Received:	Entered:	Hours Used:	# hrs used	initials
Information is needed: <input type="checkbox"/> On File <input type="checkbox"/> Requested: _____		ppe _____	_____	_____
Information Received on: _____		ppe _____	_____	_____
Employee: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify		ppe _____	_____	_____
CAT Bank Leave hours are: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		ppe _____	_____	_____
Total hours: _____		ppe _____	_____	_____
CAT Leave start: _____	CAT Leave end: _____			

CAT Bank Admin Signature/date: _____ Payroll Signature/date: _____ R - CAT