**Geary County Schools**

**USD 475**

**CATASTROPHIC LEAVE BANK**

**REQUEST FORM**

Employee Name: Date of Request:

Building:

Day(s) Requested:

Reason for Request

Medical verification must be completed and submitted with request.

Certified Employee Signature Date

CENTRAL OFFICE USE ONLY

It has been verified that the employee has depleted all available leave by the following date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

Payroll Office Date

CLB Form-2