

**FOR OFFICE USE ONLY:**

Date Donated:  
Temp Leave Exhausted: Yes No  
FML Qualified: Yes No

**CONFIDENTIAL**

# Catastrophic Benefit Pool Request for Assistance

**Guidelines for application:**

- **You must have donated a day to the Catastrophic Pool;**
- **You must have exhausted all of your temporary leave days;**
- **You must be eligible for the Family Medical Leave program.**

Employee ID No. \_\_\_\_\_ WPS Hire Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Base Location \_\_\_\_\_

Home Address \_\_\_\_\_ Position \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Number of HOURS requested:** \_\_\_\_\_ **Date temporary leave exhausted:** \_\_\_\_\_

**Dates and Hours Requested:** Enter the dates and hours you are in deduct and requesting assistance. Example: 4/1/08 (2 hrs); 4/5-7/08 (7 hrs each day)

\_\_\_\_\_

I am eligible for or receiving Workers' Compensation or Short-Term Disability.  
Yes No

Explain your catastrophic event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that I meet the guidelines established for the Catastrophic Benefit Pool.

\_\_\_\_\_ Date

\_\_\_\_\_ Employee Signature

**If you have any questions, please contact Employee Benefits at 973-4581 or [employeebenefits@usd259.net](mailto:employeebenefits@usd259.net). Return this form to Employee Benefits, Alvin. E. Morris Adm. Ctr., 903 S Edgemoor, Wichita, KS 67218 or Fax to 973-4646. Requests are processed the last Tuesday of each month and must be received one week prior, or by close of business the prior Tuesday.**

*Notification of decisions will be made to the requestor within five (5) days of processing.*

The Wichita Public Schools does not discriminate on the basis of race, color, national origin, sex, handicap/disability, age or religion. Persons having inquiries may contact the ADA and Section 504 Coordination at 973-4420.