



Catastrophic Benefit Pool Application

Guidelines for application:

- You must have donated a day to the Catastrophic Benefit Pool.
- You must have exhausted all of your applicable temporary leave days.
- Days eligible for any other form of pay including, but not limited to, Short-term Disability, Worker's Compensation payments, or temporary leave payments are not eligible for Catastrophic pay.
- Absences, for which Catastrophic pay is being requested, must be showing as "Deduct" or "No Pay" in your absence history.

Employee Information

Employee Name: _____ Employee ID: _____

Base Location: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Please indicate the dates/hours for which you are applying for Catastrophic Benefits.

Days Absent	Hours Absent that Day

Total number of **hours**: _____

Please explain your catastrophic event.

Employee Signature _____ Date _____

If you have any questions, please contact Employee Benefits at 973-4737 or bburkhart@usd259.net.
Completed forms should be returned to Employee Benefits via fax at 973-4646 or email at bburkhart@usd259.net.
Requests are processed the last Tuesday of each month and must be received one week prior.
Notification of decisions will be made to the requestor within five (5) days of processing.