



# LAS VEGAS POLICE PROTECTIVE ASSOCIATION CIVILIAN EMPLOYEES, INC.

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## CATASTROPHIC LEAVE APPLICATION FORM

Eligibility Criteria:

- ◆ **Must have completed initial probation with the Department.**
- ◆ **Must require a minimum of 160 hours of leave after all accrued leaves have been exhausted.**
- ◆ **Must have only have one open Catastrophic Leave deduction at a time.**
- ◆ **Must meet the following definition of a catastrophic illness/injury:  
“Catastrophic Illness/injury is an illness or injury that keeps and employee from performing the duties of their job (i.e., the employee is hospitalized, homebound or is the primary care giver to a member of their immediate family).”**
- ◆ **Must attach a doctor’s note indicating the time off work with an anticipated return to duty date.**

Employee Name: \_\_\_\_\_ P#: \_\_\_\_\_ Date of Request: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Phone #'s: \_\_\_\_\_

**\*\*If needed do you wish to use hours from the PPACE bank (up to 160 hours)? Yes \_\_\_\_\_ No \_\_\_\_\_**  
*If bank hours are used the employee will be required to reimburse the bank with accrued Annual Leave at a rate of two (2) hours per pay period. This reimbursement will only be required for bank hours utilized up to a maximum of 160 hours.*

Written request for Catastrophic Leave:

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

Leave Balances: Vac \_\_\_\_\_ Sick \_\_\_\_\_ Bonus \_\_\_\_\_ Comp \_\_\_\_\_ Date of Balances: \_\_\_\_\_

PPACE Office Use - Rcvd: \_\_\_\_\_ By: \_\_\_\_\_ Approved: Y or N