



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