



**Las Vegas Police Protective Association,  
 Civilian Employees, Inc.  
 1640 Alta Drive, Suite 11  
 Las Vegas, NV 89106  
 (702) 382-9121**

## CATASTROPHIC LEAVE APPLICATION FORM

Eligibility Criteria:

- **Must have completed initial probation with the Department with no break in service immediately preceding CAT Leave request.**
- **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:** \_\_\_\_\_

**Do you wish to use hours from the LVPPACE CAT Leave Bank (Bank)?** Yes  No

I understand that if I do not select Yes or No, the default will be to use hours from the Bank.

\_\_\_\_\_ I understand that I will be responsible for paying back the Bank for hours used.

\_\_\_\_\_ I understand that hours used from the Bank must be paid back in full (time or money) before another request can be considered.

\_\_\_\_\_ I understand that if using Bank hours, I will be required to reimburse the Bank with accrued Annual (Vacation) 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.

\_\_\_\_\_ After two (2) months of not using donated or Bank hours, reimbursement will begin.

\_\_\_\_\_ In the event, I separate from the Department with an outstanding balance, the balance must be paid from my (the employee’s) separation payout.

\_\_\_\_\_ If there is a balance left after my separation payout, I will make no less than 12 equal monthly payments to LVPPACE (unless alternative arrangements are made with LVPPACE) and will sign a promissory note waiving exception from attachment under NRS 21.090 (i)(ii).

\_\_\_\_\_ I understand that I am not allowed to work overtime while I am in a Catastrophic Leave Status.

**Written request for Catastrophic Leave:**

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

**LVPPACE Office Use – Received** By \_\_\_\_\_ **Renewal?** \_\_\_\_\_  
 Leave Balances: Vac \_\_\_\_\_ Sick \_\_\_\_\_ Bonus \_\_\_\_\_ Comp \_\_\_\_\_ **Date of Balances:** \_\_\_\_\_

Status: \_\_\_\_\_

Payback Status: \_\_\_\_\_ **Approved: Y or N**