



CalPERS Request for Catastrophic Leave and/or Family Leave Credit Transfer

REQUESTOR INFORMATION

| | | | |
|---|--|---|--|
| Employee Name | | Division/Office | |
| | | | |
| Classification | | Supervisor Name | |
| | | | |
| Home Phone | | Work Phone | |
| () | | () | |
| Type of Leave Requested: | | | |
| <input type="checkbox"/> Catastrophic Leave | | <input type="checkbox"/> Family Leave Credit Transfer | |
| Effective Date: | | Return Date: | |

LEAVE INFORMATION

CalPERS will use a standard statement to disclose your Catastrophic Leave Announcement.

Distribution in progress:

☐ All CalPERS ☐ Division only ☐ Private donor(s)

List specific person(s) you would like us to notify, other than CalPERS employees:

| Name | Agency | Relationship | E-Mail Address |
|------|--------|--------------|----------------|
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EMPLOYEE STATEMENT

By signing below, I am verifying that the information I provided on this form is correct. I also understand that, in order to participate in either the Catastrophic Leave Program or Family Leave Credits Transfer Program, **all my existing leave credits must be exhausted**. I must provide the substantiation documentation for the need of leave and with the estimated duration of the leave.

| | |
|---------------------|-------|
| Employee Signature: | Date: |
| | |

Continued on Reverse

FOR HRSD USE ONLY

| | | |
|-------------------------------------|--|------------------------|
| Date Hired by State | Date Hired by CalPERS | Date Hired by Division |
| | | |
| Last day on pay status: | Total number of leave credits available at the time requested: | |
| | | |
| Leave Credits will be exhausted on: | Estimated number of leave credits needed: | |
| | | |

APPROVALS

| | |
|---|-------|
| Catastrophic Leave Coordinator: | Date: |
| | |
| For extension beyond six months | |
| | |
| Health and Safety Officer (if applicable) | Date |