

**CATASTROPHIC LEAVE DECEDENT'S BENEFIT REQUEST**

Decedent's benefit is requested for approval as follows:

\_\_\_\_\_ died while still a County employee and after completing 2080 hours in paid status.

I understand that other County employees may wish to assist the decedent by donating vacation and/or comp leave to them. All decedent's benefit donations must be received no later than 30 days after the employee's death. (Please attach copy of death certificate.)

\_\_\_\_\_  
Print Deceased Employee's Name

\_\_\_\_\_  
Soc. Sec. #

\_\_\_\_\_  
Print Designated Beneficiary's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department:**

Department Name \_\_\_\_\_

Dept. No. \_\_\_\_\_

This request is:  Approved

Disapproved

Reason for Approval/Disapproval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appointing Authority Signature \_\_\_\_\_

Date \_\_\_\_\_

**Human Resources:**

This request is:  Approved for:

Disapproved

Initial 340 hours

Additional 340 hours

680 hours

The decision to deny this request is appealable to the Civil Services Commission within 10 calendar days of the denial.

Director of Human Resources \_\_\_\_\_

Date \_\_\_\_\_