Iowa State University Donated Leave Catastrophic Illness/Injury Immediate Family Member Application

"Catastrophic Illness" means a physical or mental illness or injury of an immediate family member (the employee's spouse/partner, parent, son, or daughter, as defined in the Family and Medical Leave Act of 1993), as certified by a licensed health care provider, that will result in the inability of the employee to report to work for more than 30 work days due to the need to attend to the immediate family member on a consecutive basis.

PART A: Completed by the Employee (Please Print or Type)	
Name of Employee:	ISU employee ID:
Department Contact:	
Employee Phone Number: Last Day Worked	: Last Day in Pay Status
Name of Immediate Family Member:	Relationship:
I certify that I have read and understand the definition of "catastrocondition of my family member meets the definition of "catastrocondition".	, , , ,
Signature of Employee	Date
PART B: Completed by the Treating Health Care Provider - This is eligibility for the Donated Leave for Catastrophic Illness Program. leave will be provided to the employee above.	
1. In your opinion does the employee's immediate family member above definition? Yes No	r meet the definition of "catastrophic illness" pursuant to the
If NO , sign and date this form and return to the employee. If YES , attach an additional sheet):	proceed to the following questions (if more space is needed,
Diagnosis:	
2. Method of Treatment:	
3. Has your patient been hospital confined? Yes No Hosp	pital name:
5. Prognosis:	
6. Will employee be required to be absent from work on a contin	
7. Anticipated medical release of immediate family member?	
Health Care Provider's Name (Please Print):	Phone Number:
Health Care Provider's Signature:	Date:
Return to University Human Resources, Benefits Office: E-mail: benefits@iastate.edu Fax: 515-294-8226 Mail: Iowa State University, University Human Resources, Benefits Office	e, 1218 Madden Building, 2221 Wanda Daley Dr, Ames, IA 50011

Notification of Denial to Employee:

Notification of approval to Department and Employee: