Attachment A

STATE OF IOWA
DEPARTMENT OF ADMINISTRATIVE SERVICES – HUMAN RESOURCES ENTERPRISE
DONATED LEAVE FOR CATASTROPHIC ILLNESS
APPLICATION

Please Print or Type

Part A. TO BE COMPLETED BY THE EMPLOYEE

Name of Employee: _____ **Social Security Number:** _____

Department: _____ **Payroll Number:** _____

Last Date Worked: _____ **Last Date in Pay Status:** _____

Definition – "Catastrophic Illness" means a physical or mental illness, as certified by a licensed physician, that will result in the inability of the employee to work for more than 30 work days on a consecutive or intermittent basis.

Part B. TO BE COMPLETED BY THE PHYSICIAN (FORM WILL BE RETURNED IF NOT FULLY COMPLETED)

1. In your opinion, does the employee meet the "Catastrophic Illness" definition above? Yes ☐ No ☐ (Check one)
   If no, sign and date this form. If yes, answer questions 2-8. (If more space is needed, attach an additional sheet.)
2. Diagnosis description: _____
   _____
3. Is condition due to an injury or illness arising from your patient's employment? Yes ☐ No ☐ (Check one)
4. Method of treatment: _____
5. Has your patient been hospital confined? Yes ☐ No ☐ (Check one) Hospital name: _____
   _____
6. On what date was your patient first unable to work? _____
7. Prognosis: _____
8. When could employment resume and under what conditions? _____
   _____

Physician's Name (Print): _____

Physician's Signature: Date: _____

Address: _____ (Street) _____ (City & State) _____ (Zip Code)

Telephone #: (____) _____

Part C. TO BE COMPLETED BY THE EMPLOYER

The employee has:
- a catastrophic illness based on the physician's statement (above); and
- exhausted all paid leave; and
- been approved for or has exhausted Family and Medical Leave (FMLA); if eligible and
- been approved for medical leave without pay during any hours for which he or she will receive donated leave.

I certify that the employee meets all of the criteria as stated in Section C above.

Employer or Designee Signature _____ Date: _____

Maintain the original in the employee's confidential personnel file.

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