

## Human Resources

I am requesting a PTO donation due to the following circumstances:

**My Catastrophic Illness**

**Family Member's Catastrophic Illness**

I verify that I meet the definition of Catastrophic Illness as defined in the Carnegie Mellon PTO donation program guidelines:

**Catastrophic Illness:** As defined by the IRS, "Catastrophic Illness" means that the employee and/or the employee's family member experiences a qualifying event. The qualifying event must meet one or more of the following:

- o Poses a threat to life **AND/OR**
- o Is a progressive debilitating illness from which recovery is prolonged or unlikely, or which involves medical incapacity for an extended period of time; and/or requires extended inpatient or hospice health care.

I certify that I have read and agree to comply with the program guidelines. I further understand that any decisions made regarding eligibility under this plan are not subject to the staff grievance program or any collective bargaining grievance program. I am authorizing CMU administrators to review all records relative to this request. I understand that certification by a physician does not automatically grant program eligibility. I understand that if my request is granted, hours will be available as soon as administratively feasible. I am submitting this request for consideration because (please attach additional information if necessary):

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\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Andrew ID**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Email Address**