

**Nocona Independent School District**  
**Request for Catastrophic Sick Leave**  
***(Exhibit "A")***

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_ Position: \_\_\_\_\_

Campus: \_\_\_\_\_

Date of first absence as a result of the illness/injury prompting the request: \_\_\_\_\_

Nature of illness/injury prompting request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee should provide/attach all FMLA documentation (found on the NISD website) with this form.  
*(Please note: **Your physician** must complete the Certification of Healthcare Provider.)*

I certify that this report is a true and accurate record related to my reason for missing work over a prolonged period of time. I understand that sick leave pool eligibility and requirements must be met before a pool is established.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date