

Shamrock Independent School District

100 South Illinois

Shamrock, Texas 79079

Phone 806-256-3492 Fax 806-256-3628

Superintendent
Adm. Asst.

Kenneth Shields
Connie Jones

High School Principal
Elementary/Jr. High Principal

Brandon Mahler
Ed Bergen

REQUEST FOR CATASTROPHIC LEAVE

Employee Name _____

Work Campus _____

Date(s) Missed _____

Amount of catastrophic leave previously granted this school year if any _____

Previous use of leave may be considered by the committee in granting this request.

Amount of catastrophic leave requested _____

Reason for absence:

Required documentation attached _____

I understand that by signing this form I am certifying the validity of my claim and that failure to provide accurate information may influence future action taken by the catastrophic committee.

Employee Signature _____

Committee Action: Granted _____

Denied _____

Date _____