CRISIS LEAVE REQUEST FORM

Personal Information *(Complete all information. Please print.)*

Employee Name: _____

Employee Social Security Number: _____

Employee Address: _____

Home Phone: _____ **Work Phone**: _____

I or (family member/ relation) have a crisis situation that may qualify for crisis leave as confirmed by the attached Family Medical Leave Act (FMLA) or Crisis Leave form which includes: physician's certificate which provides information about the patient's condition, nature of illness/ injury, any relevant medical history, type of treatment prescribed, prognosis and the ability to return to work.

I am requesting _____ hours of Crisis Leave (240 hour limit per calendar year) for the following dates:

_____ _____.
From - Start date ***To - End date***

I understand that the value of annual leave granted as crisis leave cannot exceed 75% of my pay in a regular workweek and that I will not accrue leave while using annual leave.

_____ _____
Employee Signature **Date**

Approval/ Disapproval

☐ Approved _____
Leave Pool Manager Signature

☐ Disapproved _____
Leave Pool Manager Signature

This crisis leave request form must be submitted to the Leave Pool Manager, Office of Human Resource Management. Requests should be made at least 10 days before, and no later than 30 days after the crisis leave is needed. The Lave Pool Manager will contact you within 5 workdays about the status of the request. **The request must be accompanied by the appropriate documentation.**