



## CRISIS LEAVE POOL REQUEST FORM

**PERSONAL INFORMATION**

Employee Name \_\_\_\_\_ CLID \_\_\_\_\_

Employee Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

I, or my eligible family member, have a crisis situation that may qualify me for crisis leave as outlined in the Crisis Leave Pool Policy. In accordance with the Crisis Leave Pool Policy, I have attached written documentation from my Licensed Medical Service Provider outlining the need for crisis leave and my personal statement explaining my request. I am requesting \_\_\_\_\_ hours of crisis leave (240 hour limit per calendar year) to cover the following time frame:

\_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

I understand that the value of crisis leave granted cannot exceed 75% of the pay I would receive in a regular workweek. I also understand that I will not accrue leave while receiving crisis leave.

\_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

This crisis leave request form must be submitted to the Chief Human Resource Officer, Martin Hall, Room 170. Requests should be made at least 10 days before (when possible), and no later than 30 days after the crisis leave is needed.

**THE REQUEST MUST BE ACCOMPANIED BY THE APPROPRIATE DOCUMENTATION.**

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Approved / Denied \_\_\_\_\_  
Crisis Leave Committee \_\_\_\_\_ Date \_\_\_\_\_

Total hours requested: \_\_\_\_\_ Total hours approved: \_\_\_\_\_