



**CRISIS LEAVE
REQUEST FORM**

Employee Name _____

Personnel No. _____ Department _____

I am requesting _____ days of leave from the Crisis Leave Pool to begin on _____
I understand that I must exhaust all of my accrued but unused vacation leave, sick leave
and compensatory leave (as may be applicable to the purpose of my crisis leave request)
before receiving this leave from the pool. I also understand that crisis leave received will
not exceed the number of vacation days I accrue in one year. I am requesting leave for
the following reason(s):

- My own serious health condition.
- The serious health condition of my spouse, child, parent or a person
bearing the same relationship to my spouse.
- An extraordinary non-health-related personal crisis.

Please provide a brief summary of your reason for this request: _____

Employee Signature _____ Date _____

Department Head _____ Date _____

Dean or Director _____ Date _____

Human Resources Director _____ Date _____