Crisis Leave Request Form

Employee Name: ___________________________________________________

Personnel Number: ______________________________

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 Crisis Leave 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: __________

Payroll: ____________________________ Date: __________

Asst. Vice Chancellor HR: ____________________________ Date: __________

*Including the use of vacation and sick leave to a negative 40 hour balance.