



Crisis Leave Request Form

Employee Name: _____

Personnel or NU ID 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.

** Please complete this fillable form, save and forward via email for the requested signatures.