

CRISIS LEAVE REQUEST FORM

Name: _____

LSU ID Number: _____

Campus Phone: _____ **Home Phone:** _____

Home Address: _____

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) 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: _____ (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 work week and that I will not accrue leave while using crisis leave.

Employee Signature: _____ **Date:** _____

Approval by Leave Pool Manager: _____

Disapproval by Leave Pool Manager: _____

Date: _____

This crisis leave request form must be submitted to the Leave Pool Manager, 304 Thomas Boyd Hall, Office of Human Resource Management. Requests should be made at least 10 days before the crisis leave is needed. The Leave Pool Manager will contact you within 5 work days about the status of the request. The request must be accompanied by the FMLA form.