

## Crisis Leave Request Form

Name \_\_\_\_\_ Personnel # \_\_\_\_\_

Department \_\_\_\_\_ Phone # \_\_\_\_\_

Campus Address & Zip \_\_\_\_\_

Home Address, & Zip \_\_\_\_\_

**Crisis Leave Hours requested** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

Please check all of the following that apply to this request.

- An illness that requires one overnight stay in a hospital, hospice, or other residential health care facility under the treatment or supervision of a physician or other licensed health care provider.
- The serious health condition of employee's spouse, child, stepchild, or parent, or a person bearing the same relationship to the employee's spouse.
- My request is related to Worker's Compensation.

Please attach a brief summary and supporting documents outlining the reason for requesting crisis leave. Medical certifications may be required for health-related requests.

I understand that as a regular employee (having completed original probation), I must have exhausted all of my applicable sick leave, vacation leave, and compensatory leave that I have accrued in order to apply for crisis leave. I also understand that I may receive crisis leave up to the number of days of vacation I accrue in one calendar year, not to exceed 24 days.

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

As the immediate supervisor, I verify the following:

- Employee has exhausted all applicable sick leaves, vacation leave, and compensatory time.
- Department has advanced vacation and/or sick leave.
- That the number of crisis leave days requested does not exceed the employee's annual accrual rate for vacation.

Signature of Immediate Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dean, Director or Chairperson \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**To be Completed by Human Resources:**

**Hours Requested** \_\_\_\_\_ **Hours Approved** \_\_\_\_\_ **Hours Denied** \_\_\_\_\_

Signature of the Assistant Vice Chancellor for Human Resources \_\_\_\_\_ Date \_\_\_\_\_

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.