**CRISIS LEAVE PROGRAM**

**FACULTY AND UNCLASSIFIED EMPLOYEES**

**APPLICATION FOR USE OF CRISIS LEAVE POOL**

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| **Name:**  |  |

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| --- | --- |
| **CWID:**  |  |

I am requesting to use       hours from the Crisis Leave Pool. I certify that I meet the eligibility of the The University of Louisiana at Monroe Crisis Leave Program. In accordance with the Crisis Leave Policy, I have attached written documentation from the healthcare provider/physician outlining the need for crisis leave and my personal statement explaining my request. I understand that, if approved, the maximum number of crisis leave days/hours that I can draw from the Program is limited to 240 hours per calendar year. I also understand that this request shall not create a legal entitlement.

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 **Applicant’s Signature Date**

**Instructions:** Complete the above form and attach your statements explaining your request to use hours from the Crisis Leave Pool. Forward your completed application to the ULM Office of Human Resources. Crisis Leave Pool Committee will review all requests and make a recommendation to the President for final approval.

 Request Approved Request Disapproved

 **President Signature Date**