

**CRISIS LEAVE PROGRAM  
CLASSIFIED EMPLOYEES**

**APPLICATION FOR USE OF CRISIS LEAVE POOL**

**Name:** \_\_\_\_\_

**ID:** \_\_\_\_\_

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 my 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 30 days or 240 hours per calendar year. I also understand that this request shall not create a legal entitlement.

\_\_\_\_\_  
**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 Office of Human Resources, University of Louisiana at Monroe. Requests will be reviewed and approved or disapproved by the Crisis Leave Pool Committee.

\_\_\_\_\_Request Approved

\_\_\_\_\_Request Disapproved

\_\_\_\_\_  
**Appointing Authority Signature**

\_\_\_\_\_  
**Date**