

EMPLOYEE CRISIS LEAVE POLICY

POLICY DIGEST

Monitoring Unit: Office of Human Resources Management
Initially Issued: July 1, 2025

EFFECTIVE DATE: July 1, 2025

A. PURPOSE

The Crisis Leave Program provides paid leave to an eligible employee who has experienced a catastrophic illness or injury to themselves or an eligible family member, or those who experience the birth or adoption of a child and do not have sufficient annual and/or sick leave to cover a minimum of six weeks of leave immediately following the birth or adoption. The intent of the program is to assist employees who have insufficient paid leave to cover the crisis leave period.

B. DEFINITIONS

- 1) **Eligible Employee:** An employee of LSUHSC-NO for at least thirty (30) days, who is eligible to earn leave in accordance with section C of this policy. Classified employees must have attained permanent status to donate or use crisis leave.
- 2) **Eligible Family Member:** An individual who is related to the employee by kinship, adoption, or marriage, or is a legal foster child, and either lives in the same household as the employee or is totally dependent upon the employee for personal care or services on a continuing basis.
- 3) **Licensed Medical Service Provider (LMSP):** An individual that is authorized to practice medicine within the scope of their license. May be a practitioner, as defined in the Louisiana State Licensing Law (relative to that LMSP's field of service), who is practicing within the scope of their license. This is to include licensed Physicians (Doctor of Medicine) or MD, Doctor of Osteopathy or DO, or Licensed Chiropractors, Counselors or Therapists as recognized and licensed by appropriate state boards or authorities.
- 4) **Catastrophic Injury or Illness:** a severe illness, injury, or condition that
 - A. affects the physical or mental health of the employee or the employee's eligible family member; and
 - B. requires the services of a licensed medical service provider for a prolonged period of time; and
 - C. prevents the employee from performing their duties for a period of more than ten consecutive days and forces the employee to exhaust all appropriate leave described in other parts of this policy.
- 5) **HRM:** The LSUHSC-NO Human Resource Management Department
- 6) **Leave Pool Coordinator:** A designated employee in HRM who receives and reviews requests for crisis leave, determines eligibility, oversees crisis leave donations and usage, and maintains an account of the amount available and utilized for eligible employees.

C. Eligibility Requirements:

1. An employee is not required to contribute to the Crisis Leave Pool to be eligible to receive crisis leave.
2. An eligible employee may apply to receive crisis leave if the following requirements are met:
 - A. The employee, or the employee's eligible family member, suffers from a catastrophic illness or injury; or
 - B. The employee experiences the birth or adoption of a child and does not have sufficient annual and/or sick leave to cover a minimum of six weeks of leave immediately following the birth or adoption; and
 - C. The employee has exhausted all appropriate leave in accordance with this policy; and
 - D. The catastrophic injury or illness is not occupationally related (therefore making that employee eligible for workers' compensation) or was not attained in the commission of an assault or felony; and
 - E. The appropriate documentation from a Licensed Medical Service Provider (LMSP) is provided to the Leave Pool Coordinator.

D. Amount of Crisis Leave that May Be Approved

The amount of crisis leave granted for each catastrophic illness or injury is determined by the Leave Pool Coordinator, in conjunction with a leave pool committee, with the exception of birth or adoption of a child, which may grant up to six weeks of annual and/or sick leave immediately following the birth or adoption if the employee does not have sufficient paid leave to cover the six weeks.

1. A maximum of 240 hours may be granted to an eligible employee during one rolling calendar year.
2. Crisis leave may not be granted to any individual to extend paid leave status beyond a total time in leave status of twelve (12) weeks.
3. The total amount of leave granted will not exceed the balance of hours in the leave pool at the time of the employee's request.
4. The value of the leave granted as crisis leave may not exceed 75% of the employee's base pay received in a regular workweek and the employee will not accrue leave while using crisis leave.

E. Donation Procedure and Process:

Contributions to the Crisis Leave Pool are strictly voluntary; no employee shall be coerced or pressured to donate leave. An employee donating to the Crisis Leave Pool may not designate a particular employee to receive donated time. Donations are restricted as follows:

1. The donor must complete a Donation to Crisis Leave form and submit it to the Leave Pool Coordinator via email to HRM.
2. An employee may donate a minimum of four (4) hours of leave. Donations must be made in whole hour increments.
3. Donor must be in a leave earning position.
4. Donations are limited to 240 hours of leave per employee per calendar year.
5. If donating annual leave, the donor must have a leave balance of at least 120 hours of annual leave remaining. If donating sick leave, (Civil Service employees may only donate annual leave) the donor must have a leave balance of at least 240 hours of sick leave remaining.
6. Donations are limited to 80 hours of leave upon separation or retirement of the donor.
7. Donations are irrevocable.

F. Request Procedures

An employee in need of additional leave must complete a Crisis Leave Request form. A statement from the employee's LMSP must accompany the request. Both documents must be submitted to the Leave Pool Coordinator. The employee requesting crisis leave must provide all requested information necessary to make a final determination of eligibility. All requests are treated as confidential. The documentation must include:

1. A detailed description of the illness or injury, including any requested information necessary to make a final determination of eligibility to include FMLA paperwork, and
2. An anticipated return-to-work date.
3. Documentation as requested by the Leave Pool Coordinator to establish the eligibility of a family member.

G. Request Process

1. Each request will be handled on a first-come, first-serve basis. When possible, a request is to be submitted at least ten (10) days before the crisis leave is needed.
2. The Leave Pool Coordinator is allowed ten (10) working days from the date a request is received, with all required documentation, to determine eligibility. As applicable, the Leave Pool Coordinator will refer the request to the leave pool committee, should committee approval be

required, which will then present a recommendation within five (5) business days to the Chief Human Resource Officer. The Chief Human Resource Officer may approve or deny the request.

3. The Leave Pool Coordinator will communicate the decision to the employee. If approved, the Leave Pool Coordinator will notify the employee's department.
4. If the request is approved, the Leave Pool Coordinator will credit the approved time to the employee's leave record.
5. The decision to approve or deny crisis leave requests by the Chief Human Resource Officer is final and not subject to appeal.

H. Changes in Status Affecting Crisis Leave

1. Crisis leave may be used only for the circumstances for which it was requested. If any change occurs in the nature or severity of an illness or injury, or of any other factor on which the approval was based, the employee must provide documentation describing the change to the Leave Pool Coordinator. The employee may request additional crisis leave subject to the limits outlined above. Extensions of crisis leave are not automatic. Each request for extension will be addressed on a first-come, first-served basis.
2. Use of leave from the Crisis Leave Pool for reasons other than those stipulated and approved by the Leave Pool Coordinator and/or failure to abide by procedures and requirements outlined in this policy may constitute payroll fraud and will be addressed accordingly.
3. Employees who are able to return to work before using all crisis leave granted must return the unused crisis leave to the Crisis Leave Pool.

I. Compensation and Benefits

1. Crisis leave hours will be paid at the receiving employee's base hourly rate of pay.
2. An employee in crisis leave status will be considered in partial paid leave status and will continue to receive benefits as appropriate.
3. Employees on crisis leave will not accrue paid leave.

J. Financial Impact

1. The cost of the crisis leave period will be borne by the recipient's employing unit.
2. HRM will maintain records on crisis leave donated and used on a whole hour value basis.

K. References

Civil Service Rule 11.34 Crisis Leave Pool

<https://www.lsuhscl.edu/administration/hrm/benefits-leave.aspx>



Office of Human Resource Management

DONATION TO CRISIS LEAVE FORM

I voluntarily, without coercion or pressure, donate _____ hours of my earned annual leave.

I voluntarily, without coercion or pressure, donate _____ hours of my earned sick leave (Civil Service employees are NOT allowed to donate sick leave.)

[Donations must be at least 4 hours, and donations must be made in whole hour increments. Employees may donate up to 240 hours per calendar year; however, a leave balance of 120 annual leave hours and 240 sick leave hours must be maintained after the donation. Donations at separation/retirement are limited to 80 hours total.]

I understand that the voluntary donation is irrevocable and will reduce my annual and/or sick leave balance by the number of hours stated.

I understand that my identity as a donor will be kept confidential.

I understand that I may not designate leave time to an employee who is to receive the donation of leave.

☐ Please check if the donation is being made immediately prior to leaving or retiring from LSU.

Employee Name (Please Print): _____

Employee Signature: _____

EMPL ID: _____ **Date:** _____

HRM Approval*: _____

*If your donation is not approved in whole or in part, a memo with an explanation will be returned to you with this form. Please submit this form to the Office of Human Resource Management, 433 Bolivar Street, 6th Floor or email the completed form to hrmfmla@lsuhsc.edu for processing.



Office of Human Resource Management

CRISIS LEAVE REQUEST FORM

Please submit to the Office of Human Resource Management, 433 Bolivar Street, 6th Floor or email the completed form to hrmfmla@lsuhsc.edu.

***The request must be accompanied by the FMLA form.**

An eligible employee may apply to receive crisis leave if the following requirements are met:

- The employee or the employee's eligible family member suffers from a catastrophic illness or injury; or
- The employee experiences the birth or adoption of a child and does not have sufficient annual and/or sick leave to cover a minimum of six weeks of leave immediately following the birth or adoption; and
- The employee has exhausted all appropriate leave in accordance with this policy; and
- The catastrophic injury or illness is not occupationally related (therefore making that employee eligible for workers' compensation) or was not attained in the commission of an assault or felony; and
- The appropriate documentation from a Licensed Medical Service Provider (LMSP) is provided to the Leave Pool Coordinator.

I (or family member/relation) have a crisis situation that may qualify for crisis leave. I have attached the correct Family Medical Leave Act (FMLA) or Crisis Leave documentation which includes: a physician's certificate with provided information about the patient's condition, nature of illness/injury, relevant medical history, type of treatment prescribed, prognosis, and their ability to return to work.

Name (Please Print): _____ **LSUHSC Email:** _____

Campus Phone: _____ **Mobile Phone:** _____

EMPL ID: _____

Home Address: _____

I am requesting crisis leave for the following dates: _____ (start date) to _____ (end date). I understand that crisis leave is limited to 240 hours per calendar year. Furthermore, I understand that I will not accrue leave while using crisis leave.

Employee Signature: _____ **Date:** _____

*Requests should be made at least 10 days prior to the need for crisis leave, if possible.