

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.