LSU at Alexandria CRISIS LEAVE REQUEST FORM

Name:	
Campus Phone:	Home Phone:
Home Address:	
leave as confirmed by the a includes: physician's certific	n) have a crisis situation that may qualify for crisis ttached Family Medical Leave Act (FMLA) form which rate which provides information about the patient's injury, any relevant medical history, type of treatment he ability to return to work.
I am requesting hou for the following dates:	urs of Crisis Leave (240 hour limit per calendar year)
value of annual leave grante	to (end date). I understand that the ed as crisis leave cannot exceed 75% of my pay in a I will not accrue leave while using crisis leave.
Employee Signature:	Date:
Approval by Leave Pool Ma	nager:
	Manager:

This crisis leave request form must be submitted to the Leave Pool Manager, HRM, Room 126 Abrams Hall. Requests should be made at least 10 days before the crisis leave is needed. The Leave Pool Manager will contact you within 5 work days about the status of the request. The request must be accompanied by the FMLA form and the LSUA Application for Leave.