

REQUEST FOR CRISIS LEAVE

Please complete all areas:

Name:				UNMC PIN				FTE:				
(Please Print)												
Department:				Hire Date:				Vacation Accrual Rate				
Campus Address:				Zip:				Campus Phone #				
Home Address:				City:				State:			Zip:	
<p>Knowing that any crisis leave received will not exceed the number of vacation days I accrue in a year, I am requesting _____ days of leave from the Crisis Leave Sharing Program beginning on _____ and ending on _____.</p>												
<p>I understand that I must exhaust all accrued and advanced sick leave (if appropriate to the situation), vacation leave, and floating/banked holiday time before receiving crisis leave.</p>												
<p>I also understand that any crisis leave received will not exceed the number of vacation days I accrue in a year (maximum of 24 days). I am requesting leave for the following reason(s):</p>												
<input type="checkbox"/> My own serious health condition.												
<input type="checkbox"/> The serious health condition of my spouse, child or parent.												
<input type="checkbox"/> Related to my Worker's Compensation claim.												
<p>Give a brief summary of your situation:</p>												
<p>_____</p>												
<p>_____</p>												
<p>_____</p>												
<ul style="list-style-type: none"> I agree to allow the staff of Employee Relations-Human Resources to contact my supervisor and/or department director to verify the circumstances of my request. I agree to allow my supervisor and/or department director to contact Human Resources regarding this request. 												
Employee Signature:							Date:					

Supervisor's Verification

This is to verify that _____ has exhausted all (appropriate) sick and vacation leave and that the number of days of crisis leave requested does not exceed the employee's accrual rate for vacation. **The employee must also have completed their original probationary period before being eligible for crisis leave.**

Employee has used ____ hours of Crisis Leave in the last two rolling calendar years.

Supervisor's Name (please print) _____

Supervisor's Signature _____

Date _____

Approval/Disapproval

Human Resources-Employee Relations _____

Date _____

Days Approved _____

Total Hours _____

NOTE: Employee Relations-Human Resources will retain this form and forward an acknowledgment letter to the employee's supervisor. The supervisor is responsible for working with the department time and attendance clerk to credit the employee's vacation leave balance for the amount of crisis leave approved.

Questions? Please call 402-559-5827

Send completed form to erdocuments@unmc.edu or Employee Relations-Human Resources, Zip 5470