University of Nebraska Medical Center

HUMAN RESOURCES - EMPLOYEE RELATIONS
REQUEST FOR CRISIS LEAVE

Employee Name (Please Print): _____ Employee ID: _____ FTE: ____

Department: _____ Hire Date: _____ Accrual Rate: _____

Campus Address: _____ Zip Code_____ Campus Phone #: _____

Home Address: _____ City_____ State: ____ Zip_____

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 _____.

I understand that I must exhaust all accrued leave (appropriate to the situation) before receiving crisis leave. 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):

_____ My own serious health condition.
_____ The serious health condition of my spouse, child or parent.
_____ Related to my Worker's Compensation claim.

Give a brief summary of your situation:

_____
_____
_____

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 Employee Relations - Human Resources regarding this request.

_____ _____
Employee Signature Date

Supervisor's Verification

This is to verify that _____ has exhausted all accrued leave (appropriate to the situation) 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.

The 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 leave balance for the amount of crisis leave approved.

Please contact Human Resources – Employee Relations with any questions at 402-559-5827 or erdocuments@unmc.edu.

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