Attachment #1

Crisis Leave Program for Faculty and Unclassified Employees

Application for Use of Crisis Leave Pool

Name: _____

SSN: _____

I am requesting to use _____ hours from the Crisis Leave Pool. I certify that I meet the eligibility of the Southeastern Louisiana University Crisis Leave Program. In accordance with the Crisis Leave Policy, I have attached written documentation from my healthcare provider/physician outlining the need for leave and my personal statement explaining my request. I understand that, if approved, the maximum number of leave hours that I can draw from the Program is limited to 240 hours per fiscal year and is also limited to 800 hours total participation in the Program. I also understand that this request shall not create a legal entitlement.

Signed:_____ Date:_____

Instructions: Complete the form and attach your statements explaining your request to use hours from the Crisis Leave Pool. Forward your completed application to the Office of the President, Southeastern Louisiana University. The Crisis Leave Review Committee will review all requests and make a recommendation to the President or his/her designee.

_____ Request Approved _____ Request Denied

Signed: _____ Date:_____
President/Designee