

**Office of Lieutenant Governor (OLG)
 Department of Culture, Recreation & Tourism (DCRT)
 Crisis Leave Pool
 Crisis Leave Request Form**

Employee Name:	Personnel No.:
Division:	Contact Number:
Number of Hours Requested:	Name/Relationship of Eligible Family Member (if applicable):
Reason for Request (Attach appropriate documentation from LMSP including description of injury or illness, date of onset or initial diagnosis, prognosis and anticipated date of return to duty):	

I certify that I have read the Crisis Leave Policy and understand my rights as outlined in the policy. I agree to abide by the procedures and conditions outlined in this policy. I understand that I must submit this form with the required medical documentation and documentation to verify relationship to eligible family member if applicable, before this request can be processed.

 Employee's Signature _____
Date

Application should be submitted to the Human Resources Director in an envelope marked "Confidential".

Crisis Leave Pool Committee Action		
Approved:	Denied:	If approved, number of hours granted:
If denied, reason for denial:		
Crisis Leave Committee Chairperson Name:	Crisis Leave Committee Chairperson Title:	
Crisis Leave Committee Chairperson Signature:	Effective Date of Action:	