

## CRISIS LEAVE REQUEST FORM

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Please submit to the Office of Human Resource Management, 110 Thomas Boyd Hall or via fax to (225) 578-5981, or email to [hrfmla@lsu.edu](mailto:hrfmla@lsu.edu).

***\*The request must be accompanied by the FMLA form.***

An eligible employee may apply to receive crisis leave if the following requirements are met:

- The employee or employee's eligible family member suffers from a catastrophic illness or serious injury; or
- the employee has a significant other or child who is still financially supported by the employee, or a dependent parent for whom the employee is the primary caregiver who experiences a catastrophic illness or serious injury; or
- the employee experiences the birth or adoption of a child and does not have sufficient annual, sick, or compensatory time to cover a minimum of six weeks of parental leave immediately following the birth or adoption; and
- the employee has exhausted all appropriate leave in accordance with this policy; and
- the employee has exhibited satisfactory attendance (with no history of leave abuse), and is not absent from work due to disciplinary reasons; and
- the catastrophic illness or serious injury is not occupationally related (therefore making that employee eligible for workers' compensation) and was not attained in the commission of an assault or felony; and
- the employee is unable to perform his/her duties for a period of **more than ten (10) consecutive days** and the employee is forced to exhaust all appropriate leave described in other parts of this policy and to lose compensation from the state; and
- the appropriate documentation from a LMSP, along with the FMLA form is provided to the Leave Pool Manager.

I (or family member/relation) have a crisis situation that may qualify for crisis leave. Please see attached [Family Medical Leave Act \(FMLA\) form](#), which includes physician's certificate, and provides information about the patient's condition, nature of illness/injury, relevant medical history, type of treatment prescribed, prognosis, and their ability to return to work.

**Name (Please Print):** \_\_\_\_\_ **LSU Workday Number:** \_\_\_\_\_

**Campus Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **MyLSUID:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

I am requesting crisis leave for the following dates: \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date).

I understand that the value of the annual leave granted as crisis leave cannot exceed 75% of my pay in a regular work week and that crisis leave is limited to 240 hours per calendar year. Furthermore, I understand that I will not accrue leave while using crisis leave.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Requests should be made at least 10 days prior to the need for crisis leave, if possible. HRM will contact the employee within five working days regarding the status of the request.