

**University of Central Missouri**  
**Request for the Crisis Leave Program**

**REQUESTER:**

I understand that as a regular employee I must have exhausted all of my available vacation leave, sick leave, and all other leave (compensatory, personal, etc.) in order to apply for crisis leave. I also must have been employed at Central for at least one year and either a) experienced a catastrophic illness or injury, or b) must provide care for a member of my immediate family who has experienced a catastrophic illness or injury.

Name (please print): \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

**REQUEST:**

Number of Days being requested (1day=8 hours) \_\_\_\_\_ (Please check all that apply to this request)

<input type="checkbox"/>	My request is a serious health condition for myself as defined by FMLA*.
<input type="checkbox"/>	My request is for a serious health condition of the immediate family member as defined by FMLA*.

\*FMLA paperwork must be submitted separately to The Office of Human Resources, ADM 101.

Date absence is to begin: \_\_\_\_\_ Date absence is to end: \_\_\_\_\_

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

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**Supervisor Acknowledgement:**

Supervisor's Name (please print): \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Office of Human Resources, ADM 101.

**NOTE:** The Office of Human Resources will retain this form and contact the employee and employee's department as to the status of this request. The supervisor is responsible for making sure an absence form is submitted by the employee documenting the use of crisis leave.

**Office of Human Resources only:**

Days Requested: \_\_\_\_\_ Days Approved: \_\_\_\_\_ Leave Dates: \_\_\_\_\_

Leave Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Hourly Amount: \$ \_\_\_\_\_

FMLA paperwork on file with HR: \_\_\_\_\_ Yes \_\_\_\_\_ No

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Leave deducted from Crisis Leave Accruals \_\_\_\_\_ (# of hours) Remaining hours: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_