

Louisiana Community and Technical College System (LCTCS)

Crisis Leave Pool Crisis Leave Request Form

Employee Name:	Banner ID No.:
Department:	Contact Phone Number:
Number of Hours Requested:	Email address:
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 before this request can be processed.

Employee's Signature

Date

Application should be submitted to the Crisis Leave Pool Manager in an envelope marked "Confidential".

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