**Louisiana Community and Technical College System (LCTCS)**

**Crisis Leave Pool**

**Crisis Leave Request Form**

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| **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”.**

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| **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:** | |