

CRISIS LEAVE PROGRAM
USE REQUEST FORM

I am requesting _____ hours from the Crisis Leave Program pool. I certify I meet the eligibility of the Northwestern State University Crisis Leave Program. In accordance with the Crisis Leave Program Policy, attached is documentation from my licensed health care provider outlining the need for my request. Additionally, my personal statement is included. I understand, if approved, the maximum number of leave days/hours I can use from the *Program* is limited to 30 days or 240 hours/fiscal year and limited to 100 days or 800 hours total participation in the *Program*. I understand this request shall not create a legal entitlement.

Print Name

Signature

Date

CWID

Complete the form and include all requested documentation. Forward your completed application to the Northwestern's Office of the President. The Leave Review Committee will evaluate all requests and make a recommendation to the President or his/her designee.

Request Approved _____
Request Disapproved _____

Signature of President or Designee

Date