St Ambrose University

HUMAN RESOURCES OFFICE
518 W. Locust Street ▪ Davenport, Iowa 52803
563/333-6364

Request for Crisis Leave Time

The Director of Human Resources will retain this form and contact the employee's immediate supervisor regarding the status of this request.

Denials of Crisis Leave or limitations on the amount of Crisis Leave given will not be grievable events under the university's Grievance Policy.

Employee Information

please print

I understand that as a regular employee (having completed my first year of full-time employment), I must have exhausted all applicable Reserve Sick Days leave and Paid Time Off that I have accrued in order to apply for Crisis Leave. I also understand that Crisis Leave received will not exceed 80 hours/10 days and that any unused time must be returned to the Crisis Leave pool.

Name_____ Department _____
Last First Middle Initial

SAU phone_____ Home phone _____

Crisis Leave Request

Number of Crisis Leave hours being requested _____

Reason for requesting Crisis Leave (check all that apply)

☐ serious health condition of my spouse, child or parent
☐ personal serious health condition

Please attach a brief description of your situation with this form.

Signatures

Employee signature _____ Date _____

As the immediate supervisor, I verify that the above employee has exhausted all applicable leave and that the number of Crisis Leave days does not exceed 80 hours/10 days.

Supervisor signature _____ Date _____

Dean, Director, President or Vice President signature _____ Date _____

Director of Human Resources

Hours requested _____ Hours approved _____ Hours denied _____

Director of Human Resources signature_____ Date _____