

Application for Use of Crisis Leave Program

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I am requesting to use \_\_\_\_\_ hours from the Crisis Leave Program. I certify that I meet the eligibility requirements of the Louisiana Tech University Crisis Leave Program. In accordance with the Crisis Leave Program Policy, I have attached written documentation from my healthcare provider/physician outlining the need for sick leave and my personal statement explaining my request.

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

**INSTRUCTIONS:** Complete the above form and attach your doctor's statement(s) explaining your request to use hours from the Crisis Leave Program. The Crisis Leave Program Committee will review all requests and make a recommendation to the President.