

**CITY OF LITTLE ROCK
CRISIS LEAVE REQUEST FORM**

Name: _____ Employee ID: _____

Department: _____ Job Title: _____

I have a Crisis Situation and am requesting leave under Procedure Guideline #_____. If this is deemed to be a qualifying Family Medical Leave Act (FMLA) event, any leave received will run concurrent with any FMLA benefits I am entitled to. Please check below which category you are requesting leave:

	My request is for a serious health condition for myself which may be covered FMLA. *
	My request is for a serious health condition of an immediate family member which may be covered by FMLA.*
	My request is for an event beyond my control e.g., natural disaster, accident, unforeseen circumstance, etc. Please attach a separate document detailing the event and demonstrate the need to be off work and for how long. Include supporting documentation.

*FMLA paperwork is required and must be submitted separately to the Human Resources Labor and Employee Relations Division.

Date absence is to begin: _____ Date absence is to end: _____

I understand that as a regular employee I must exhaust all of my available leave including but not limited to Paid Time Off (PTO), vacation leave, sick leave, compensatory leave, Discretionary/Personal Leave, Short Term Disability (STD) and any other leave in order to apply for crisis leave. My request for leave and reason for the request will be distributed to the City's Email Announcements list once all supporting documentation is received. I understand there is no guarantee that I will receive leave and this process is completely voluntary.

I understand the maximum amount of leave that I can receive is four (4) weeks per event, regardless of the amount donated and I am only entitled to two (2) events per my service with the City. The leave granted cannot extend past the six (6) month waiting period for non-uniform employees for Long Term Disability or supplement the salary continuation benefit.

Employee Signature: _____ Date: _____

Please return form to the attention of Human Resources Labor and Employee Relations Division to HRLaborRelations@littlerock.gov or fax to (501) 244-5475. Please call Human Resources if there are any questions (501) 371-4590.

Human Resources Use:

Date Request Received: _____

FMLA Paperwork/Supporting Documentation on file: _____ Yes _____ No

Posted to Announcements: _____

Crisis Leave Pay (CLP) code entered in Lawson: _____