

Youth Services Crisis Leave Pool Committee
DETERMINATION FORM

The Undersecretary has determined that this employee is eligible to receive crisis leave.

Employee Name: _____ Personnel No: _____

Unit: _____ (Classified) Permanent Status Date: _____ (Unclassified) Start Date: _____

Determination Factors [referenced from YS Policy No. A.2.58 (a)**]:

The following factors at a minimum should be considered by the Crisis Leave Pool Committee to make a determination:

- As of this date, _____, there are _____ hours available in the Crisis Leave Pool.
- Record of leave usage by employee:
_____ Annual (used in the last 12 months) _____ Sick (used in the last 12 months, including LALB)
- Medical documentation with sufficient information provided on form [(see Attached a.2.58 (a))]
- Last two Performance Evaluation Ratings:
_____ Rating _____ Merit received
_____ Rating _____ Merit received
- Amount of leave previously received from the Crisis Leave Pool this Calendar Year _____ Amount of Leave Received
- Disciplinary action history _____
- Supervisor recommendation (attached)
- Number of hours requested by employee _____
- Currently on FMLA leave _____ Exhausted FMLA leave _____ LWOP Date _____

Committee Member Comments:

_____ Approved Disapproved
Committee Member, printed

_____ Date
Committee Member, signature

** Approval of a Crisis Leave Request is discretionary; denial may be based on any reason which is consistently applied, and that is not illegal or unconstitutional. The decision to approve or deny crisis leave by the Crisis Leave Pool Committee is final and not subject to appeal, except if the employee alleges that they have been adversely affected by the denial, or any provision of state statutes, Civil Service Rules, or has been discriminated against because of religious or political beliefs, sex or race.