



EMERGENCY LEAVE POOL REQUEST FORM
FOR CLASSIFIED NON-SAMP & SAMP

To: Human Resources

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

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

Department: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

\_\_\_\_\_ Classified Non-SAMP

\_\_\_\_\_ SAMP

How were you impacted by Hurricane Helene:

\_\_\_\_\_
\_\_\_\_\_

City may request verification documents for Owner/Occupancy. For more info click on this link.

Please note: Employees may only request up to 40 hours of leave from the Emergency Leave Pool and must be taken and not sold.

Is this a first request of this benefit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Beginning date of absence: \_\_\_\_\_

Anticipated return: \_\_\_\_\_

Approximate date all personal leave was/will be exhausted: \_\_\_\_\_

Expected number of days needed for pool benefits: \_\_\_\_\_

I certify that I will have utilized all accrued leave credits and my floating holidays prior to use of any emergency leave pool days. I understand that the decision to approve or deny this request for paid leave will be made by my Department Director and the Human Resources Director or designee and that such decision shall be deemed final and not subject to the grievance procedure or civil service appeal process.

\_\_\_\_\_  
Employee Signature

This request must be provided to the Human Resources department.

For Department & Human Resources Use

Department Director Initials \_\_\_\_\_

Please circle: Approved

Denied (see reasons below)

Human Resources Director Initials \_\_\_\_\_

Please circle: Approved

Denied (see reasons below)

Approved Leave Begin Date: \_\_\_\_\_

Approved Leave End Date: \_\_\_\_\_