

# Major Disaster Leave Request Form

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

Personnel Number: \_\_\_\_\_

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

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I am requesting \_\_\_\_\_ days (maximum of 10 consecutive work days) of leave from the NU Major Disaster Leave Pool to begin on \_\_\_\_\_. I understand that I must exhaust all of my accrued but unused vacation leave before receiving this leave from the Major Disaster Leave Pool.

I understand that Major Disaster Leave shall not constitute vacation leave payable to me upon separation under the Nebraska Wage Payment and Collection Act.

I am requesting Major Disaster Leave for the following reason(s).

Flooding directly impacted me.

Flooding directly impacted my immediate family. (As defined by the HR Policy)

Please provide a brief summary of your reason for this request:

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

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Director Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_