



Washoe County School District

Emergency Leave Bank Assistance Application

The Emergency Leave Bank is intended to support employees who are experiencing a serious, unforeseen emergency that prevents them from working and would otherwise result in unpaid leave. Requests will be reviewed through the Office of Human Resources and employee must demonstrate that all paid leave has been exhausted and that the situation involves a qualifying emergency, such as a significant medical condition, the need to care for an immediate family member, or a catastrophic event causing personal hardship. Employees must provide sufficient documentation to support the request, and the amount of leave requested must be reasonable based on the circumstances. The Office of Human Resources will also consider whether the employee is in good standing and whether other options for leave or support have been explored.

INSTRUCTIONS FOR USE OF EMERGENCY LEAVE BANK ASSISTANCE

Completed form must be submitted to consider your emergency leave request.

Employee Name: _____ Employee ID # E000 _____

Personal Phone: _____ Personal Email Address: _____

Department / School: _____ Position: _____

Description requiring Emergency Leave Days (attach additional documentation, if necessary):

First Day out due to above circumstances: _____ Anticipated return to work date: _____

Number of accrual days already used for this circumstance: _____

Number of Emergency Leave Bank days requested: _____ (maximum of 45 days per contract year- subject to bank balance)

Employee Signature

Date

ONCE COMPLETED, EMAIL FORM TO: HumanResources@WashoeSchools.net

APPROVAL

Number of days of sick leave approved: _____ Effective: _____

Chief Human Resources Officer

Date
HR-F619