****(APPROPRIATE LETTERHEAD)

**MEMORANDUM**

Date

**TO:** {Vice President or Designee Name}

 {Unit Name}

**FROM:** {Employee Name}

 {Unit Name}

 {Title & PIN}

**SUBJECT:** Request for Justified Other Emergencies Leave

In accordance with [System Regulation 31.03.03 Leave of Absence with Pay](https://policies.tamus.edu/31-03-03.pdf) - Section 2.5 *Other Circumstances* and [Texas A&M Guidance Document – Leave of Absence with Pay](https://employees.tamu.edu/employee-relations/_media/Guidance-docs/Leave%20of%20Absence%20with%20Pay.pdf) Section 1.2.1, I am requesting [enter # of hours] of emergency leave for a reason not listed in the System Regulation such as a severe personal crisis or catastrophic situation (not death of a family member). {Provide justification statement to describe the reason for the request.}

**I certify that I [have/have not]** **exhausted all my accumulated vacation and compensatory leave.** If I have not exhausted all accumulated vacation and compensatory leave, I am also requesting an exceptionto the requirements in the System Regulartion Section 2.5.1 under special circumstances. {Provide justification statement to explain why the exception is needed.} My leave balances are: {enter leave balances to include number of sick leave, vacation, administrative leave, and comp time}.

cc: HR Generalist/Manager’s Name

 Leave File, Employee’s Name

**Check one:**

\_\_\_\_This Emergency Leave Request for Other Circumstances **does not exceed five (5) working days or forty (40) hours** and requires Vice President or designee approval.

**Vice President or Designee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_This Emergency Leave Request **exceeds five (5) working days or forty (40) hours** and also requires approval from the President. An explanation should be made if the employee has not exhausted their own vacation, compensatory leave and administrative leave. (Should not exceed 80 hours).

**President Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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