



**Emergency and Disaster Leave Approval Form**

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

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Status: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Wage

Type: \_\_\_ Faculty \_\_\_ Senior Research Staff \_\_\_ Research Associates

\_\_\_ University Staff \_\_\_ Classified Staff \_\_\_ Research Assistants

Emergency and Disaster Leave Requested \_\_\_ Yes \_\_\_ No If yes, destination \_\_\_\_\_

Leave expected to start: \_\_\_\_\_ Expected return date: \_\_\_\_\_

**Signatures:**

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**University Staff/Classified Staff/Research Assistants Approval:**

Supervisor's Name (*print*): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Faculty/Senior Research Staff/Research Associate Approval:**

Dean/Dept Chair/Unit Mgr/Supervisor/  
Principal Investigator Name (*print*) \_\_\_\_\_

Dean/Dept Chair/Unit Mgr/Supervisor/  
Principal Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President Name (*print*): \_\_\_\_\_

Vice President Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please submit completed form with approvals to:

**University Human Resources Consulting Services  
914 Emmet St, Charlottesville, VA 22904  
Fax: (434) 924-6911 Messenger Mail: PO Box 400127**