

**Disaster Relief Application
Request for Time Off Assistance**

Employee Information

Name (First, Middle, Last)	Street Address	
Hospital Site & Department		Corporate ID
Temporary Phone Contact Information		
Briefly Describe the Nature of the Loss		

2007 Firestorm Leave

Dates Away From Work Due to Fire	Hours

Requested PTO Beyond Accrual

Dates Away From Work due to Fire	Hours

I declare that the information I have provided is accurate and complete to the best of my knowledge.

Signature

Date

For internal use

Approved by: _____

Site Human Resources Director: _____

Chief Executive or Executive Designee: _____

Sr. VP Human Resources: _____

INSTRUCTIONS

2007 Firestorm Leave

Complete “Employee Information” and “2007 Firestorm” sections noting the time missed from work due to loss of primary residence or after evacuation primary residence was uninhabitable. Not to exceed 80 hours for full-time employees, pro-rated for part-time employee and calendar year average for casual employees.

Requested PTO Beyond Accrual

Complete “Employee Information” and “Requested PTO Beyond Accrual” sections noting the time missed from work due to evacuation or loss of primary residence. Please note this program is for employees who do not have adequate PTO balances and the maximum is 40 hours of future PTO accruals, pro-rated for part-time employees.

If you have any questions about how to complete this form or any questions regarding the process, please contact your site Human Resources department