

URGENT

Governor's Office FAX Number: 586-0006



STATE OF HAWAII
Application for Leave to Provide Disaster Relief Services

Name: _____ Position Title: _____

Dept./Division/Branch: _____

I request a leave of absence with pay for the following period indicated below to provide disaster relief services for the American Red Cross.

From: _____, 20____ To: _____, 20____
(month/day) (month/day)

(Note: The Disaster Relief leave period cannot exceed 30 calendar days.)

I hereby certify that I have been called by the American Red Cross to provide disaster relief assistance and that I am a registered member of the American Red Cross Disaster Services Human Resources System. Attached is a copy of my membership ID card.

Employee's Signature

Date

Department's Action:

- () Recommend Approval of Request. The requested leave of absence will not impose undue hardship on operations. The American Red Cross (739-8112/8114) confirms that the disaster is of the category described under Section 78-23.5, HRS. (See attached comments)
- () Request Disapproved. The employee's absence will impose undue hardship on operations.

Department Head's Signature

Date

Governor's Action:

- () Approved
- () Disapproved

Governor's Signature

Date

Please fax a copy of the completed form to HRD/Personnel Transactions Office at Fax No. 587-1088.