



CRISIS LEAVE DONATION FORM

I, _____, without coercion or pressure, donate _____ hours of my earned Annual Leave

Print Name

hrs.

(The minimum donation is 8 hours. You may donate up to 240 hours per calendar year. Donations must be made in whole hour increments. You must have a remaining balance of 120 hours of annual leave after donation. Donations at separation/ retirement are not permitted.)

- I understand that the voluntary donation is **irrevocable** and will reduce my annual leave balance by the number of hours as stated above.
- I understand that my identity as a donor will be kept confidential.
- I understand that I **may not** stipulate who is to receive the donation of leave.

Employee Signature

Social Security Number

Date

Approved

Leave Pool Manager Signature

Date of Donation

(If your donation is not approved in whole or in part, a memo of explanation will be returned to you with this form.)

This Crisis Leave Donation Form must be submitted to the Leave Pool Manager, Office of Human Resource Management.