



CRISIS LEAVE POOL DONATION FORM

I, _____, without coercion or pressure, donate _____ hours of my earned annual leave. (The minimum donation is 4 hours. The maximum donation is 240 hours per calendar year. Donations must be made in whole hour increments. You must have a remaining balance of eighty (80) hours of annual leave after donation.)

- 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 Name (please print)

CLID

Date

Employee Signature

If your donation is either not approved or is partially approved, 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, Payroll Office, Martin Hall, Room 150.

*****For Office Use Only*****

_____ Hours
Annual Leave Balance

Adjust leave records in accordance with this request from _____ hours to _____ hours.

Leave Pool Manager

Date