

# CRISIS LEAVE DONATION FORM

Employee Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_ Section: \_\_\_\_\_

Position Title: \_\_\_\_\_ Section Head Name: \_\_\_\_\_

Classification: \_\_\_\_\_ Crisis Leave Pool Policy Year: \_\_\_\_\_

Donation to the Crisis Leave Pool (Number of Hours): \_\_\_\_\_  
(Minimum: 4 hrs. // Maximum: 240 hrs.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**NOTE:** Crisis Leave Donation Forms must be submitted to the Leave Pool Manager or his designee within the Office of Human Resources.

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*For Leave Pool Manager Use Only*

**LEAVE POOL MANAGER DECISION**

Approved

Denied

**Number of Hours Approved:** \_\_\_\_\_

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date