

DONATION TO UNCLASSIFIED CRISIS LEAVE POOL FORM

EMPLOYEE NAME: _____

ID#: _____

Amount of Annual Leave donated to Unclassified Crisis Leave Pool _____ hours

Amount of Sick Leave donated to Unclassified Crisis Leave Pool _____ hours

I wish to donate annual and/or sick leave hours as designated above. I understand that I cannot reclaim these donated hours as they have been processed into the Unclassified Crisis Leave Pool. I further understand that I must maintain a minimum balance of 120 hours of annual/sick leave after the donation.

EMPLOYEE SIGNATURE

DATE

DIRECTOR OF HUMAN RESOURCES

DATE

FOR HUMAN RESOURCES ONLY

Current Annual Leave Balance _____ hours

Current Sick Leave Balance _____ hours

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

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

LEAVE POOL MANAGER

DATE