

McNeese State University
Human Resources

DONATION TO CRISIS ANNUAL LEAVE POOL FORM

Employee Name _____	
ID# _____	
Amount of Annual Leave donated to Crisis Leave Pool _____ hours	
I wish to donate annual leave hours as designated above. I understand that I cannot reclaim these donated hours as they have been processed into the Crisis Annual Leave Pool.	
_____ Employee Signature	_____ Date
_____ Director of Human Resources	_____ Date

****FOR HUMAN RESOURCE USE ONLY****

Annual Leave Balance _____ hours

Adjust leave records in accordance with this request from _____ hours

To _____ hours

Leave Pool Manager

Date