

CRISIS LEAVE DONATION FORM

I voluntarily, without coercion or pressure, donate ____ hours of my earned annual leave.

You must donate at least 4 hours. You may donate up to 240 hours per calendar year. Donations must be made in whole hour increments. No employee can donate unless they will have a remaining balance of 120 hours. Donations at separation/retirement are limited to 120 hours.

I understand that the voluntary donation is irrevocable and will reduce my annual leave balance by the number of hours stated.

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.

Please check if the donation is being made just prior to leaving or retiring from LSU.

Employee Signature: _____

LSU ID Number: _____

Date: _____

Approval*: _____

Date: _____

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

This donation to crisis leave form must be submitted to the Leave Pool Manager, 304 Thomas Boyd Hall, Office of Human Resource Management.