**CRISIS LEAVE PROGRAM**

**FOR FACULTY AND UNCLASSIFIED EMPLOYEES**

**LEAVE DONATION FORM**

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| --- |
| I hereby authorize the University of Louisiana at Monroe to deduct from my  sick leave and/or  annual leave account       accrued hours\* and place them in the University |
| Crisis Leave Pool. This donation of leave is made with the understanding that it is irrevocable |
| and will not be refunded to me. I understand that I can donate a minimum of 4 hours of |
| accrued sick or annual leave every calendar year. Employees separating or retiring from |
| University employment have no minimum or maximum hours in which they can donate. |

\_\_\_\_\_\_\_\_\_

Print Name Employee Signature

Date

CWID

**\*Minimum donation is 4 hours**

**Instructions:** Complete the above form and submit to Human Resources.