

This form is used by employees to donate unused annual leave to the crisis leave pool.

Employee Name					CWID				
Mailing Address									
I am (check on that applies): Unclassifed Classified in permanent status.									
Number of hours donated (note must be a minimum of 4 hours, not to exceed 240 hours - whole hour increments only) No employee can donate unless they will have a remaining balance of 120 hours.									
Please check if lea are limited to 120 h	• • •	t at BPCC. Dona	tions at separa	tion/retire	ment		Yes		No
I, the undersigned earned annual lead by the number of may not stipulate	ave. I understar hours stated. I	nd that the volu understand that	intary donatio at my identity	n is irrev	ocable an	d will red	uce my a	nnual lea	ive balance
Employee Signatur	e			-		Date			
				-					
Approval *:						Date			
* If your donation	is not approvec	in whole or in	part, a memc	o of expla	anation will	be return	ned to yo	u with thi	s form.
This donation to	o crisis leave fo an Resource Of								artment.