

LSU at Alexandria

DONATION TO CRISIS LEAVE FORM

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

(You must donate at least 8 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 at least 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 LSUA.

Employee Signature: _____ Date: _____

Social Security Number: _____

Approval*: _____ Date: _____

Date of Donation: _____

*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, HRM, 126 Abrams Hall.