

**CRISIS LEAVE PROGRAM
CLASSIFIED EMPLOYEES**

DONATION TO THE CRISIS LEAVE POOL FORM

I hereby authorize The University of Louisiana at Monroe to deduct from my 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 may donate a minimum of four (4) hours of annual leave and up to a maximum of 240 hours of annual leave per calendar year (no sick or compensatory leave). I understand that I must have a balance of at least 120 hours of annual leave remaining after the contribution.

Employee's Signature

Date

Supervisor's Signature

Date

Employee's I D

Instructions: Complete the above form and submit to the Payroll Office.