

## University of Central Missouri Crisis Leave Pool Donation Form

### Employee Information:

Name (please print): \_\_\_\_\_ S \_\_\_\_\_ : \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

I would like to voluntarily donate vacation leave to the Crisis Leave Pool in the following amount:

four (4) hours
  eight (8) hours
  other, greater than eight(8) indicate amount\*

I understand that the Office of Human Resources will deduct the above specified hours of vacation leave from my accrued vacation leave records. This donation is completely voluntary and I will not receive any remuneration of any kind for the donation. I understand that this donation cannot be rescinded at a later date. Donations will only be allowed once a quarter. Deadlines to donate are: March 10<sup>th</sup>, June 10<sup>th</sup>, September 10<sup>th</sup>, and December 10<sup>th</sup>. All donations of leave time must be received by the deadline to be accurately reflected in accrual balances. 80 hours or two weeks of vacation must remain in personal balance.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\* in four(4) or eight (8) hour increments**

### For Office of Human Resources use only:

Annual Salary: \$ \_\_\_\_\_ Hourly Amount: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Leave deducted from vacation accruals: \_\_\_\_\_ (# of hours)

Remaining vacation hours: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_