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 I understand that this donation cannot be rescinded at a later date.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 10th, June 10th, September 10th, and December 10th. 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**

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For Office of Human Resources use only:

Annual Salary: $_____________ Hourly Amount: $____________

Approved by: ____ Date: ____________________

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Leave deducted from vacation accruals: _____________ (# of hours)

Remaining vacation hours: __________

Processed by: ____ Date: ____________________