

CRISIS LEAVE POLICY FOR CLASSIFIED STAFF

I hereby authorize Southeastern Louisiana University to deduct from my annual leave account _____ accrued hours* and place them in the Crisis Leave Policy for Classified Staff 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 not designate a particular employee to receive my donated time.

Signature

Date

Employee ID#

Supervisor's Signature/Date

* An employee 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)

* Donations are made in whole hour increments.

* The donor must have a balance of at least 120 hours of annual leave remaining after the contribution.

Instructions: This form should be turned in to the immediate supervisor for approval, who then forwards the form to Janet Rester, Payroll Director at box 10720.

If you have any questions regarding this form, please contact the Payroll Office at 549-3801.