

Louisiana Community and Technical College System (LCTCS)

Crisis Leave Pool Donor Application Form

Employee Name:	Banner ID No.:
Department:	Work Phone:

My signature below certifies that I am electing to donate _____ hours of annual leave to the LCTCS Crisis Leave Pool. I also certify that this donation is being made voluntarily and that I have not been directly or indirectly intimidated, threatened or coerced or promised any benefit by any employee. I further certify that my leave donation does not cause my balance to fall below 120 hours and I understand that this leave cannot be restored to me once it has been transferred to the Crisis Leave Pool.

Signature

Date

Application should be submitted to the Human Resources Director in an envelope marked “Confidential”.

For Leave Pool Manager Use Only			
I certify that the above listed employee has an annual leave balance sufficient to accommodate this donation request.			
Number of Hours of Accrued Annual Leave:	Number of Hours of Annual Leave Donated:	Date Deducted:	Remaining Annual Leave Balance:
If denied, reason for denial:			
Leave Pool Manager Name:		Leave Pool Manager Title:	
Leave Pool Manager Signature:		Date:	