University of Central Missouri Crisis Leave Pool Donation Form

Employee Information:

Name (please print):	SSN or Banner ID:
Department:	Job Title:
Campus Address:	Campus Phone:
I would like to voluntarily donate vaca	tion leave to the Crisis Leave Pool in the following amount:
four (4) hours	_eight (8) hours other, greater than eight(8) indicate amount*
from my accrued vacation leave recor remuneration of any kind for the dona date. Donations will only be allowed of September 10 th , and December 10 th .	Resources will deduct the above specified hours of vacation leaveds. This donation is completely voluntary and I will not receive anytion. I understand that this donation cannot be rescinded at a later once a quarter. Deadlines to donate are: March 10 th , June 10 th , All donations of leave time must be received by the deadline to be es. 80 hours or two weeks of vacation must remain in personal
Employee Signature	Date:
* in four(4) or eight (8) hour increm	
For Office of Human Res	 ources use only:
Annual Salary: \$	Hourly Amount: \$
Approved by:	Date:
Leave deducted from vacation accrua	ls: (# of hours)
Remaining vacation hours:	
Processed by:	Date [.]