

McNeese State University  
Human Resources

**DONATION TO CRISIS ANNUAL LEAVE POOL FORM**

Employee Name _____	
ID# _____	
Amount of Annual Leave donated to Crisis Leave Pool _____ hours	
I wish to donate annual leave hours as designated above. I understand that I cannot reclaim these donated hours as they have been processed into the Crisis Annual Leave Pool.	
_____ Employee Signature	_____ Date
_____ Director of Human Resources	_____ Date

**\*\*FOR HUMAN RESOURCE USE ONLY\*\***

Annual Leave Balance \_\_\_\_\_ hours

Adjust leave records in accordance with this request from \_\_\_\_\_ hours

To \_\_\_\_\_ hours

\_\_\_\_\_  
Leave Pool Manager

\_\_\_\_\_  
Date