**Louisiana Community and Technical College System (LCTCS)**

**Crisis Leave Pool**

**Donor Application Form**

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| **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”.**

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| **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:** |