



Office of Human Resource Management

**DONATION TO CRISIS LEAVE FORM**

I voluntarily, without coercion or pressure, donate \_\_\_\_\_ hours of my earned annual leave.

I voluntarily, without coercion or pressure, donate \_\_\_\_\_ hours of my earned sick leave (Civil Service employees are NOT allowed to donate sick leave.)

[Donations must be at least 4 hours, and donations must be made in whole hour increments. Employees may donate up to 240 hours per calendar year; however, a leave balance of 120 annual leave hours and 240 sick leave hours must be maintained after the donation. Donations at separation/retirement are limited to 80 hours total.]

I understand that the voluntary donation is irrevocable and will reduce my annual and/or sick leave balance by the number of hours stated.

I understand that my identity as a donor will be kept confidential.

I understand that I may not designate leave time to an employee who is to receive the donation of leave.

☐ Please check if the donation is being made immediately prior to leaving or retiring from LSU.

**Employee Name (Please Print):** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**EMPL ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HRM Approval\*:** \_\_\_\_\_

\*If your donation is not approved in whole or in part, a memo with an explanation will be returned to you with this form. Please submit this form to the Office of Human Resource Management, 433 Bolivar Street, 6<sup>th</sup> Floor or email the completed form to [hrmfmla@lsuhsc.edu](mailto:hrmfmla@lsuhsc.edu) for processing.