



CRISIS LEAVE DONATION 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**.

[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 hours must be maintained after the donation. Donations at separation/retirement are limited to 120 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 stipulate who is to receive the donation of leave.

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

Employee Name (Please Print): _____

LSU Workday ID: _____ **Date:** _____

Employee Signature: _____

*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 scan and email completed form to benefits@lsu.edu for processing.