

# Nunez Community College

## Crisis Leave Pool Donor Application Form

<b>Employee Name:</b>	<b>Banner ID No.:</b>
<b>Department:</b>	<b>Work Phone:</b>

My signature below certifies that I am electing to donate \_\_\_\_\_ hours of annual leave to the NUNEZ 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”.**

<b>For Leave Pool Manager Use Only</b>			
<b>I certify that the above listed employee has an annual leave balance sufficient to accommodate this donation request.</b>			
<b>Number of Hours of Accrued Annual Leave:</b>	<b>Number of Hours of Annual Leave Donated:</b>	<b>Date Deducted:</b>	<b>Remaining Annual Leave Balance:</b>
<b>If denied, reason for denial:</b>			
<b>Leave Pool Manager Name:</b>		<b>Leave Pool Manager Title:</b>	
<b>Leave Pool Manager Signature:</b>		<b>Date:</b>	