

Crisis Leave Donation Certification Form

Revision Date: 09/15

The **criteria for the donation** of annual leave to the crisis leave pool shall be the following:

1. Classified employees must have attained permanent status to be eligible to donate to the leave pool.
2. Individual employees of the ***[Department Name]*** may donate no more than [specify a cap on the amount of annual leave which may be donated by an individual employee] hours of annual leave to the crisis leave pool per policy year. (By SCS Rule, no cap shall exceed 240 hours per employee per policy year.)
3. Employees of the ***[Department Name]*** shall retain a balance of [specify a number of annual leave hours] annual leave hours after the leave donation.
4. The donation of annual leave to the agency crisis leave pool shall be made by the employee at his own discretion and without the use of coercion or pressure to donate leave.
5. The donation of annual leave shall be certified by both the appointing authority (or his designee) and employee donating the annual leave to agency crisis leave pool.
6. The donation of annual leave to the agency crisis leave pool is irrevocable.

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| **Donation Year** | **Employee ID**  **Number** | **Employee Name** | **Number of Hours before donation** | **Number of hours being donated** | **Number of hours retained after donation** | **Total number of hours donated in donation year** |
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| **Signature of Employee Donating Annual Leave  *(sign on line above)*** | | | | | **Date** | |
| *By signing this form, I hereby acknowledge that I am making a donation of monetary value in the form of annual leave to the agency crisis leave pool and that I do so at my own discretion and without pressure or coercion to do so. I also understand the donation of this leave is irreversible.* | | | | | | |
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| **Signature of Appointing Authority [or designee] (sign on line above)** | | | | | **Date** | |