



**CRISIS LEAVE
DONATION FORM**

Employee Name _____

Personnel No. _____ Department _____

I am donating _____ days (may not exceed 3 days) of my accrued vacation leave to the UNO Crisis Leave Program. I understand that this will be subtracted from my leave balance and that I will not recover these days.

Employee Signature _____ Date _____

Department Head _____ Date _____

Dean or Director _____ Date _____

Human Resources Director _____ Date _____