



# Crisis Leave Donation Form

Employee Printed Name: \_\_\_\_\_

Personnel or NU ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

---

I am donating \_\_\_\_\_ day(s) (may not exceed 5 days) of my accrued vacation to the UNO Crisis Leave Pool.

I understand these days will be subtracted from my leave balance and that I will not recover these days.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll: \_\_\_\_\_ Date: \_\_\_\_\_

Asst. Vice Chancellor HR: \_\_\_\_\_ Date: \_\_\_\_\_

An electronic version of this form should be sent to [unopayroll@unomaha.edu](mailto:unopayroll@unomaha.edu) or a printed hard copy sent to EAB 205.