



Crisis Leave Donation Form

Employee Name: _____

Personnel 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 Signature: _____ Date: _____

Department Head: _____ Date: _____

Dean or Director: _____ Date: _____

Payroll: _____ Date: _____

Asst. Vice Chancellor HR: _____ Date: _____