

CRISIS LEAVE PROGRAM FOR
FACULTY & UNCLASSIFIED STAFF

LEAVE DONATION FORM

I hereby authorize Louisiana Tech University to deduct from my annual leave account _____ or sick leave account _____ hours* and place in the University Crisis Leave Program. This donation of leave is made with the understanding that it is irrevocable and will not be refunded to me.

Printed Name

Signature

Date

CWID – Campus Wide I.D.

*Minimum donation is one (1) day or eight (8) hours.