

**Office of the Lieutenant Governor (OLG)  
 Department of Culture, Recreation & Tourism (DCRT)  
 Crisis Leave Pool  
 Donor Application Form**

|                       |                       |
|-----------------------|-----------------------|
| <b>Employee Name:</b> | <b>Personnel No.:</b> |
| <b>Division:</b>      | <b>Work Phone:</b>    |

**My signature below certifies that I am electing to donate \_\_\_\_\_ hours of annual leave to the OLG/DCRT Crisis Leave Pool. I also certify that this donation is being made voluntarily and that I have not been directly or indirectly intimidated, threatened or coerced or promised any benefit by any employee. I further certify that my leave donation does not cause my balance to fall below 120 hours and I understand that this leave cannot be restored to me once it has been transferred to the Crisis Leave Pool.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Application should be submitted to the Human Resources Director in an envelope marked “Confidential”.**

| <b>For Leave Pool Manager Use Only</b>   |                                  |  |
|--|----------------------------------|--|
| <b>I certify that the above listed employee has an annual leave balance sufficient to accommodate this donation request.</b> |                                  |  |
| <b>Number of Hours of Annual Leave Donated:</b>  | <b>Date Deducted:</b>            | <b>Remaining Annual Leave Balance:</b> |
| <b>If denied, reason for denial:</b>   |                                  |  |
| <b>Leave Pool Manager Name:</b>  | <b>Leave Pool Manager Title:</b> |  |
| <b>Leave Pool Manager Signature:</b>   | <b>Date:</b>                     |  |