St Ambrose University

HUMAN RESOURCES OFFICE
518 W. Locust Street ▪ Davenport, Iowa 52803
563/333-6364

Donation of Paid Time Off Leave to the Crisis Leave Program

The Director of Human Resources will retain this form and forward an acknowledgement letter to the employee's supervisor.

Employee Information

please print

I am donating _____ days (3 days maximum donation without further approval) of my accrued Paid Time Off leave to the Crisis Leave program. I understand that one day equals eight (8) hours of PTO and that donations may only be made in increments of one day/8 hours. I also understand that this donation will be subtracted from my leave balance and that I will not recover the days donated.

Name_____ Department _____
Last First Middle Initial

SAU phone_____ Accrual rate _____

Employee signature _____ Date _____

Supervisor Verification

This is to verify that _____ has a sufficient leave balance to donate to the Crisis Leave Program as noted above and the employee will maintain at least 40 hours/5 days within their own Paid Time Off bank.

Supervisor signature _____ Date _____

Extraordinary Donations to the Crisis Leave Policy

Date received_____

This is to verify that _____ is authorized to donate more than 40 hours/5 days of their Paid Time Off and/or Reserve Sick Days.

Director of Human Resources signature_____ Date _____

President signature_____ Date _____