



**EMERGENCY LEAVE POOL DONATION FORM
FOR CLASSIFIED NON-SAMP & SAMP**

To: Payroll

Employee Name: _____

Date: _____

Department: _____

Employee ID#: _____

_____ Classified Non-SAMP

_____ SAMP

I voluntarily elect to donate up to 32 hours to be used in the Emergency Leave Pool for the benefit of eligible Classified Non-SAMP and SAMP employees.

_____ Floating Holiday Hours

_____ Vacation Day Hours

_____ **TOTAL HOURS**

I UNDERSTAND THAT THIS CONTRIBUTION IS IRREVOCABLE AND MAY BE USED FOR THE BENEFIT OF ANY ELIGIBLE CLASSIFIED NON-SAMP OR SAMP EMPLOYEE AS DETERMINED BY THE HUMAN RESOURCES DIRECTOR OR DESIGNEE.

Employee Signature

Date

Department

Work Phone Number

Scheduled Bi-weekly Hours