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| ***About this form:*** This form is used by employees to donate leave to other employees at different agencies in need.* *Employee: Complete this form and* submit to your appointing authority for approval then send to your assigned HR consultant.
* *HR: Attach written approval of the heads of both agencies for donations to employees working for another state agency.*
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| **Employee Section** |

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| Name of Donor:       Donor’s Personnel number:      Name of employee eligible for shared leave:       Recipient’s Personnel number:      Employed at: (agency name):       |
| I am requesting to donate:[ ]  Vacation Leave      Hours[ ]  Sick Leave      Hours[ ]  Personal Holiday      Hours |
| This donation is voluntary on my part and will not cause my vacation leave balance to fall below 80 hours or my sick leave balance to fall below 176 hours. I understand when the donation is to an employee working for another state agency that Human Resources, working with Payroll, must first obtain written approval from both agency heads.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointing Authority Approval Date |

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| **Payroll Section** |
| Date Received: |       |  |
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| Current Vacation Leave Balance: |       | [ ]  Eligible  |  |
|  |
| Current Sick Leave Balance: |       | [ ]  Eligible |  |
|  |
| Personal Holiday: |   | [ ]  Eligible |  |
|  |
| Salary:$       |  | Hourly wage: $       |  Comments:       |