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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.* |
| **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: | | |  | | |  | |
|  | | | | | | | |
| Current Vacation Leave Balance: | | |  | Eligible | | |  |
|  | | | | | | | |
| Current Sick Leave Balance: | | |  | Eligible | | |  |
|  | | | | | | | |
| Personal Holiday: | | |  | Eligible | | |  |
|  | | | | | | | |
| Salary:  $ |  | Hourly wage: $ | | | Comments: | | |