



## VOLUNTARY SHARED LEAVE PROGRAM – DONOR FORM

I hereby request permission to participate in the Shared Leave Program by donating leave as follows:

### **TRANSFERRING LEAVE FROM:**

Employee Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount of Leave (hours) Donated: \_\_\_\_\_ (See section B. under Donor Guidelines listed below)

### **TRANSFERRING LEAVE TO:**

Employee Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

State Agency (if Different from Donors) \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **DONOR GUIDELINES:**

- A. The minimum amount of time that can be donated is four hours.
- B. Donors under this program may donate up to a maximum of 56 hours during a given fiscal year but may not reduce their own sick leave accounts below 40 hours.

### **ACKNOWLEDGEMENT:**

I understand that the sick leave I am donating could be counted as additional service time at the time of my retirement. Also, by donating sick leave I may be voluntarily decreasing that service time. Further, I am donating sick leave of my own free will without coercion and understand that I will not receive any pay or favor in return.

\_\_\_\_\_  
Signature of Employee Donating Leave

\_\_\_\_\_  
Date

### **RETURN FORM TO HUMAN RESOURCES**

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date