

Request to Share Leave

Complete sections I, II, and III and forward to Human Resources.

Section I. Employee transferring leave (Donator)

Please print

Name of Employee Donating Leave:

Donator Building/Dept:

Donator Position:

Section II. Employee receiving sick leave (Receiver)

Name of Employee Receiving Leave:

Receiver Building/Dept:

Receiver Position:

Section III. Certification

The Donator agrees to transfer _____ days (shifts) of sick leave OR _____ days (shifts) of annual leave to the Receiver.

I understand that if I am transferring sick leave, I may not donate more than six (6) days (shifts) of sick leave during any 12-month period and after transferring leave I must have at least twenty-two (22) days (shifts) in my account to be eligible to make this donation.

I understand that if I am transferring annual leave, I may not transfer any amount of annual leave if my leave balance falls below ten (10) days.

I believe that the Receiver suffers from, or has a relative or household member suffering from, an illness, injury, impairment, or physical or mental condition which is of an **extraordinary or severe nature** or has been called to service in the uniform services **and** which has caused, or is likely to cause, the Receiver to go on leave-without-pay status or terminate employment.

I hereby certify that this request for transfer of leave was freely given and fully accept responsibility for my decision.

Employee Signature:

Date:

| FOR HUMAN RESOURCES USE ONLY | FOR PAYROLL SERVICES USE ONLY |
|------------------------------|---|
| Time: _____ Date: _____ | |
| Request Approved | Total number of days (shifts) donated for current fiscal year |
| Request Denied Comments: | Number of days to donate |
| | Number of days eligible to donate |
| | Number of donated days (shifts) used |
| | |
| HR Approval: _____ | |
| Date: _____ | |
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