State Leave Sharing Program/Donor Form

Part A: To be completed by the Employee Donor

______________________________ ______________________________
Employee Name (PRINT) State Employee ID#

______________________________ ______________________________
Job Title Facility/Unit

This is a request for approval to donate leave in accordance with the State Leave Sharing Program, 74 O.S. § 840-2.23 to: ______________________________ ______________________________
Name of Employee to Receive Donated Leave Facility/Unit

Please specify (√) the type of leave to be donated and write in the number of hours:

☐ Annual leave in the amount of:______ hours ☐ Sick leave in the amount of:______ hours

I certify that this request is made voluntarily.

______________________________ ______________________
Signature of Employee Date

Part B: To be completed by the Human Resources Management Specialist

Date facility/unit's leave balances for donor were reconciled with the Central Human Resources Unit/Time and Leave Unit: ________________

Please check (√) all items that have been verified as correct:

The Employee Donor: _____ Is a permanent classified or regular unclassified employee

_____ Has a minimum of one (1) year of continuous state service

_____ Will have a minimum balance of 80 hours sick leave following donation

_____ Will have a minimum balance of 80 hours annual leave following donation

_____ Is not donating any annual or sick leave in excess of the remaining days (hours) of employment (i.e. pending resignation, retirement, or discharge, including pending action that could result in discharge):

______________________________ ______________________
Signature of HRMS Date

Part C: To be completed by the Facility/Unit Head

This request to donate leave is:

_____ Approved The Employee Donor meets all eligibility requirements

_____ Denied The Employee Donor does not meet all eligibility requirements

______________________________ ______________________
Signature of Facility/Unit Head Date

Distribution: Original to Personnel File/Recipient
Copy to Personnel File/Donor
Copy to the Employee Donor