OKLAHOMA
Office of Management
& Enterprise Services

**Request to Receive
Shared Leave/Bank Leave
Form HCM-33A**

Employee Information

_____
Employee name

_____
PeopleSoft employee ID

_____
Agency name

_____
Agency #

_____
Work location

I request approval to receive donated leave. I certify I am eligible for and require donated leave as authorized by Oklahoma statutes (74 O.S. § 840-2.23).

☐   _Optional_: Request leave from other agency
- I affirm I have exhausted all annual and sick leave and am unable to receive donated leave within my agency.

☐   _Optional_: HCM online Shared Leave Registry
- I understand my first name, last initial and agency information will be placed on the Shared Leave Registry.
- I understand this information will be available for review by anyone having internet access, including individuals outside of state government, and accept complete responsibility for this request.

☐   _Optional_: Request leave from Leave Bank
- I affirm I have exhausted all annual and sick leave, and worked with my agency and the shared leave liaison, but am unable to receive donated leave.

_____
Employee signature

_____
Date

Agency Verification and Approval

_____
Agency contact name

_____
Contact email

_____
Phone

Employee's leave balance

_____ as of _____
Annual hours   Date

_____ as of _____
Sick hours   Date

Previous shared leave usage (total hours): _____

☐ (Interagency shared leave request)
I verify employee has exhausted all annual/sick leave and is unable to receive donated leave within the agency.

☐ Authorization to list on Shared Leave Registry

☐ (Leave Bank request only)
I verify employee has exhausted all annual/sick leave and is unable to receive donated leave through any available channels.

_____
Signature of agency verifying official

_____
Date

☐ Approved   ☐ Disapproved

_____
Signature of appointing authority

_____
Date

_____
Signature of HCM shared leave liaison (OMES use only)

_____
Date

OP-110355
Attachment P
(R 05/21)

Provide a copy of the final approved/disapproved form to employee.