



Separation from State Service  
Donation to Leave Bank  
Form HCM-33C

Employee Information

Employee Name

PeopleSoft Employee ID

Agency Name

Agency #

Work Location

I request approval to donate \_\_\_\_\_ hours of annual leave and/or \_\_\_\_\_ hours of sick leave to the Leave of Last Resort Bank.

I understand that:

- no monetary compensation will be given for annual or sick leave donated to the Bank.
- any sick leave donated will not be applied as a credit for years of service under my respective retirement system.
- if I leave state service and am reemployed within a period of two years from my separation date, any leave donated to the bank will not be reinstated.

I certify this request is being made voluntarily. I was not coerced, intimidated, or financially induced to donate annual or sick leave for the leave sharing program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Agency Verification and Approval

Agency Contact Name

Contact Email

Phone

I certify any donation is being made voluntarily after the following was explained to the employee:

- no monetary compensation will be given for annual or sick leave donated to the Bank.
- any sick leave donated will not apply as a credit for years of service under their respective retirement system.
- if the employee leaves state service and is reemployed within a period of two years from the separation date, any leave donated to the bank will not be reinstated.

\_\_\_\_\_  
Signature of Agency Verifying Official

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Shared Leave Liaison

\_\_\_\_\_  
Date

OP-110355  
Attachment R  
(10/20)

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