



Employee Information

Employee name

Employee ID

Agency name

Agency #

Work location

I request approval to donate _____ hours of annual leave and/or _____ hours of sick leave to:

Recipient name and ID

Recipient agency

Agency #

I certify this request is voluntary. 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 this donation will not cause the employee's annual leave balance to fall below 80 hours and will not cause the employee's sick leave balance to fall below 80 hours.

Signature of agency verifying official

Date

Approved

Disapproved

Signature of appointing authority

Date