

## 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**