Complete this form to initiate a request to transfer vacation leave, sick leave, or personal holiday to a state employee to be used as shared leave.

**Donor**  

**Recipient Employee**

**Hours to be donated:** Vacation Leave ___________ Sick Leave ___________ Personal Holiday ___________

- Are you a permanent state employee?  
  - **Yes**  
  - **No**

**Vacation Leave Donation**
- Will this donation of vacation leave drop your vacation leave balance below 80 hours?  
  - **Yes**  
  - **No**
- If you are a **classified employee**, are you donating vacation leave that you would lose within the next 30 days due to an approaching leave maximum month?  
  - **Yes**  
  - **No**
- If you are an **administrative exempt employee**, would your donation of vacation leave plus the leave used this fiscal year total more than 30 days in a fiscal year?  
  - **Yes**  
  - **No**

**Sick Leave Donation**
- Will this donation of sick leave drop your sick leave balance below 176 hours?  
  - **Yes**  
  - **No**

**Donor’s Signature**  

**Date**

**CERTIFICATION OF LEAVE BALANCES** (To be completed by Human Resources or Academic Personnel)

Donor’s leave balance before transfer

Vacation Leave ___________ Sick Leave ___________ Personal Holiday ___________

**Human Resource or Academic Personnel Signature**  

**Date**

**APPROVAL**

This request for donation of leave is:  
- **Approved as requested**  
- **Approved with modification**  
- **Disapproved**

If disapproved, justification: __________________________________________________________

**Human Resource or Academic Personnel Signature**  

**Date**

**ACCOUNTING TRANSACTION** (For interagency transactions only)

$ _____________ transferred from _____________ to _____________

**Budget Number**  
**Agency**

**Payroll Signature**

White-Human Resources  

**Date**

Yellow-Payroll  

**Budget Authority Number**

Pink-Department  

**Date**

Goldenrod-Employee  

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