



**AUTHORIZATION TO DONATE
SHARED LEAVE**

DEPARTMENT OF HUMAN RESOURCES

SECTION A: DONOR INFORMATION

First Name _____ Middle Initial _____ Last Name _____ Banner ID: _____

Employee Title _____ Department _____

Email _____ Work Phone Number _____

SECTION B: RECIPIENT INFORMATION

Recipient's Name _____ Recipient's Banner Number _____

- **Types of leave that can be donated include Vacation Leave, Bonus Leave, and Sick Leave.**
- **Effective January 1, 2011, any State agency employee may donate sick leave to a non-family member State agency employee.**
- **Donation is limited to no more than 5 days of sick leave per year to any one non-family member recipient. The combined total sick leave donated to a recipient from a non-family member donor cannot exceed 20 days per year.**
- **It is implied by donor signature, that donor understands the retirement consequences of donating sick leave as per OSP policy, Section 5, Page 32.**
- **An employee donating sick leave may not reduce his or her sick leave account below 40 hours.**
- **The minimum amount of leave that may be donated is four (4) hours.**
- **The maximum amount of leave donated cannot exceed the amount of the individual's annual accrual rate. However, the donor's vacation leave balance may not be reduced below one-half of his/her annual accrual rate.**
- **Bonus leave may be donated without regard to the above limitations on vacation and sick leave.**

I authorize deduction of the following hours from my leave balance(s), to be donated to the recipient:

Vacation Leave _____ **Bonus Leave** _____ **Sick Leave** _____ **Comp Leave** _____

Donor Signature _____ Date _____

Submit the completed form to the Department of Human Resources – Leave Administration Unit