

Annual Leave Bank Direct Donation Form

Leave Sharing Program

HUMAN RESOURCES

Instructions

Section A is to be completed by the State Classified employee making the donation.

Section B must be completed by the donating employee's department Oracle/Payroll Liaison.

(Return completed form to Human Resources, 6004 Campus Delivery)

Section A: State Classified Employee		
Last Name:	First:	M.I.
Employee ID #:		
Daytime Phone:		
Department:		
Campus Address:		
Direct Donation		
Donate _____ # of hours	annual leave hours directly to state classified employee:	_____ Print Name
I understand that my donation is voluntary and non-refundable. I understand that a minimum of four (4) hours of accrued leave is required and that my annual leave balance will be decreased by the amount donated. I certify that my donation will not result in a negative leave balance. I understand that my donation is confidential.		
Signature:		Date:
Section B: Department Oracle/Payroll Liaison		
I certify that the above-named employee's annual leave balance has been reduced by _____ hours.		
Department Oracle/Payroll Liaison Name (Print):		Phone #:
Department Oracle/Payroll Liaison Signature:		Date:
Human Resources Use Only		
SC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary: \$	Employee Notification Sent: _____
		Spreadsheet Updated: _____

