

Application to Donate Leave – University of Oklahoma Shared Leave Program
To the Shared Leave Committee, c/o Shared Leave Administrator, Human Resources:

Part A. For completion by the **Applicant**

Name _____ Telephone _____

Department _____

I request approval to donate ____ hours from my accrued paid leave account as follows:

- For the University employees approved by the Shared Leave Committee,
or
- For the University employee _____.

I agree and understand that my donation is voluntary and comes from my paid leave balance and that, after my donation, the balance must be at least 50% of its annual accrual rate. I also agree and understand that any unused shared leave that is donated to a specific employee will be maintained in the Shared Leave Pool and distributed to other qualified employees.

Signature _____ Date _____

Part B. For completion by the **Applicant's Payroll Representative/Coordinator**

I am the applicant's payroll representative/coordinator, and I hereby certify that the applicant:

- Has an Employee ID Number of _____,
- Has a University Service Date of ___/___/_____,
- Is a 12-month benefits-eligible faculty or staff employee,
- Had ____ paid leave hours on the ___ day of _____, and
- Will have a paid leave balance, after the donation requested above, of at least 50% of the applicant's annual accrual rate.

I understand that I am to deduct the hours of leave from this donating employee's paid leave account after approval by the Shared Leave Committee and after I receive an authorization from them to do so. I will retain a copy of this form in the applicant's records.

Signature _____ Date _____