



Voluntary Shared Leave Program Donating or Transferring Leave

I hereby request permission to participate in the Shared Leave Program by donating or transferring leave as follows:

Transferring Leave From

Employer: _____

Employee: _____

Employee ID Number: _____

Phone Number: _____

Amount of Leave Transferring:

Hours of Annual Leave _____ Hours of Bonus Leave _____ Hours of Sick Leave* _____

*Up to 40 hours of sick leave unless it is an immediate family member

Transferring Leave To

Employer: _____

Employee: _____

Employee ID Number: (HR will complete) _____

Phone Number: _____

Any additional unused donated leave will be returned to the donor and credited to the leave account from which it was donated. It will be returned to the donor on a pro rata basis. A fraction of one hour will not be returned to an individual donor.

Employee Transferring Leave Signature: _____ Date: _____

Director of Human Resources _____ Date: _____

Controller: _____ Date: _____