

**Shared Leave Donation Form  
STATE OF KANSAS SHARED LEAVE PROGRAM  
Pittsburg State University (385)**

---

---

**Part I - To be completed by the donating employee:**

Name \_\_\_\_\_ Department \_\_\_\_\_ ID# \_\_\_\_\_

Employee Receiving Donation \_\_\_\_\_ Agency \_\_\_\_\_

Donations must be made in full-hour increments. Classified employees must have a vacation leave balance of 80 hours after donating vacation leave. Classified employees and Unclassified employees must have a sick leave balance of 480 hours after donating sick leave. Please indicate the type and amount of leave to be donated:

**Vacation Leave Hours:** # hours donated \_\_\_\_\_

**Sick Leave Hours:** # hours donated \_\_\_\_\_

**Commitment of Confidentiality:** As a donor in the State of Kansas Shared Leave Program, I understand that I may become aware of medical information regarding potential recipients within the program. I understand that I have a responsibility to maintain the confidentiality of this program and that a breach of this confidentiality may subject me to disciplinary action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

---

**Part II - To be completed by HRS**

- The employee donated \_\_\_\_\_ hours.
- The donating employee's vacation leave balance will be \_\_\_\_\_ hours. The employee will not be below 80 hours (required balance for classified employees) if the above-mentioned number of vacation leave hours is donated.
- The donating employee's sick leave balance will be \_\_\_\_\_ hours. The employee will not be below 480 hours if the above-mentioned number of sick leave hours is donated.

\_\_\_\_\_  
HRS Representative

\_\_\_\_\_  
Date

---

---

**Part III - To be completed by the Appointing Authority**

I hereby \_\_\_\_\_ Approve / \_\_\_\_\_ Deny the donation of leave for the above-named employee.

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Date

---

---

**Part IV - To be completed by Human Resource Services, if approved:**

- **Donating Employee:** The employee's vacation leave balance has been reduced by \_\_\_\_\_ hours. The employees sick leave balance has been reduced by \_\_\_\_\_ hours.
- **Receiving Employee:** The employee has been credited with \_\_\_\_\_ hours of shared leave.

\_\_\_\_\_  
HRS Representative

\_\_\_\_\_  
Date