

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. University support staff employees must have a vacation leave balance of 80 hours after donating vacation leave. University support staff 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 Human Resources Services:

1. The employee donated _____ hours.
2. The donating employee's vacation leave balance will be _____ hours. The employee will not be below 80 hours (required balance for university support staff employees) if the above-mentioned number of vacation leave hours is donated.
3. 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.

If the employee donating is separating from state service, please disregard questions 2 & 3 and indicate below if they are retiring or terminating.

Retiring: _____ **Terminating:** _____

- **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