



**State of Oklahoma**  
**Office of Management & Enterprise Services**  
**Human Capital Management**

**Shared Leave Form**

**Part 1. Employee Information** – To be completed by employee requesting or donating shared leave

<input type="text"/>		<input type="text"/>
Employee Name		PeopleSoft Employee ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Name	Agency #	Work Location

**Part 2. Request Type** – Select either Request to Receive Leave or Request to Donate Leave

**Request to Receive Leave** – I request approval to receive donated leave. I certify that I am eligible for and require donated leave as authorized by [Title 74, Section 840-2.23](#) of the Oklahoma Statutes.

*Optional:* I request that my first name, last initial and agency information be placed on the HCM “Shared Leave Registry” located on the [HCM Website](#) for a two-week period. I understand that donation of shared leave between employees in different state entities requires the agreement of the appointing authorities of those entities. I further understand that this information will be available for review by anyone having internet access, including individuals outside of state government, and accept complete responsibility for this request.

**Request to Donate Leave** – I request approval to donate  hours of annual leave and/or  hours of sick leave to:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Recipient's Name	Agency	Agency #

I certify that this request is being made voluntarily. I was not coerced, intimidated, or financially induced into donating annual or sick leave for the purposes of the leave sharing program.

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

**Part 3. Agency Verification and Approval** – To be completed by agency of employee requesting or donating leave

**Agency Point of Contact Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Point of Contact Name	E-mail	Phone

Employee's leave balance:

\_\_\_\_\_ as of \_\_\_\_\_  
 Annual Date Sick as of \_\_\_\_\_  
Date

Previous shared leave usage (number of hours): \_\_\_\_\_

\_\_\_\_\_  
 Signature of Agency Verifying Official Date

Approved Agency policy  does  does not (check one) allow donated leave to be accepted from employees of another state agency.

Approval includes authorization to list on the HCM Website.  
 If approved, fax this document to HCM at (405) 524-6942 to post on the HCM Website as requested.

Disapproved

\_\_\_\_\_  
 Signature of Appointing Authority Date

\* Provide a copy of the final approved/disapproved form to employee.

## INSTRUCTIONS FOR COMPLETING SHARED LEAVE FORM HCM-33

### Part 1 – Employee Basic Information

Employee Name:	Enter name as shown in payroll system (ORACLE)
Employee ID	Enter assigned six-digit employee ID. New employee enter the last four digits of social security number
Agency Name	Enter the name of the employing agency
Agency #	Enter the number of the employing agency (Ex: OMES agency # is 090)
Work Location	<i>Optional</i> - based on the agency requirements

### Part 2 – Request Type

Use this section to request approval to receive or donate leave

Request to Receive Leave	Check the box to request approval to receive donated leave. Click the link provided to take you to the statute authorizing the leave sharing program
Optional box	Check the box if you want to request your information be placed on the HCM “Shared Leave Registry”
Request to Donate Leave	Check the box to request approval to donate leave to another employee. Click the link provided to take you to the statute authorizing the leave sharing program

### Part 3 – Agency Verification and Approval

#### Agency Point of Contact Information

Point of Contact Name	Provide the name of the contact person that administers the Shared Leave program for the agency of the employee completing the form
E-mail	Provide the e-mail address of the contact person
Phone	Provide the phone number of the contact person
Employee leave balance	Provide the employee’s leave balances for both annual and sick leave and the effective date of the balances
Previous shared leave usage	If applicable, provide the number of hours received previously by the employee requesting approval to receive shared leave. Leave blank if employee is donating leave
Signature of Agency Verifying Official	Person providing leave balances and previous shared leave usage signs and dates the form and forwards to the Appointing Authority for approval or disapproval

The Appointing Authority either approves or disapproves the request and signs and dates the form. If approved, the Appointing Authority indicates whether agency policy allows donated leave to be accepted from employees of other agencies. They may also indicate approval to list the request on the HCM website as requested by the employee.