State of Oklahoma—Office of Personnel Management
Donation of Shared Leave

Part 1. To be completed by employee donating leave

Employee Name	Social Security Number	Job Code

Agency Name	Agency #	Work Location

I request approval to donate _____ hours of annual leave and/or _____ hours of sick leave to:

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.

Signature of Donating Employee	Date

Part 2. To be completed by agency of employee donating leave

Donor employee's leave balance:

Annual _____ hours as of _____ Sick _____ hours as of _____ Hourly rate of pay _____

I hereby certify that the leave being donated is authorized and valid as provided in Title 74, Section 840-2.23 of the Oklahoma Statutes.

Signature and Title of Agency Verifying Official	Date

_____ Approved (including transfer of leave to another agency, if applicable)

_____ Disapproved

Signature of Appointing Authority	Date

Note: If applicable, please submit completed and signed form to recipient employee's agency for completion of Part 3.

Part 3. To be completed by agency of employee requesting shared leave

_____ Approved

_____ Disapproved

Signature of Appointing Authority	Date