

**Shared Leave Donation Form**

Please return completed form to the KU Department of Human Resource Management as soon as possible.

**Part 1-To be completed by employee:**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Donations must be made in full-hour increments. Employees donating vacation leave must have at least 80 hours of vacation leave after the donation is made. Employees donating sick leave must have at least 480 hours of sick leave after the donation is made. These requirements regarding leave balances are not applicable if the employee is separating from the University. More information about the program is available at <http://humanresources.ku.edu/shared-leave>.*

**Complete this section if separating from the University (including retirement):**

Number of **Vacation Leave** hours to donate: \_\_\_\_\_ OR  I wish to donate the hours remaining after eligible payout made upon separation/retirement

Number of **Sick Leave** hours to donate: \_\_\_\_\_ OR  I wish to donate the hours remaining after eligible payout made upon separation/retirement

**Complete this section if the donation is not in connection to your separation from the University:**

Number of **Vacation Leave** hours to donate: \_\_\_\_\_ Number of **Sick Leave** hours to donate: \_\_\_\_\_

**All donors must complete this section:** I wish to donate my hours to: (check next to one below)

Any employee approved to receive Shared Leave OR  A specific employee. Employee Name: \_\_\_\_\_

If your donation is more than the employee needs, or if the employee is not eligible to receive Shared Leave, do you wish for the hours to be donated to any employee approved to receive Shared leave?  
(check next to one below)

Yes, donate to any employee approved to receive Shared Leave

No, keep the hours in my balance

*I understand that my donation is voluntary and confidential. I understand that my leave balance will be decreased by amount contributed. I understand that if I designate a specific number of hours to be donated, instead electing to donate the hours remaining after eligible leave payout is made, the donation may affect the payout of sick leave upon retirement and/or the payout of vacation leave upon separation/retirement. I understand that if should I return to the University or another State Agency within one year, my donated leave will not be returned to me.*

*Further, as a **donor** in the **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 information and that a breach of this confidentiality may subject me to disciplinary action.*

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

\_\_\_\_\_  
Date

**Part II- To be completed by KU Human Resource Management**

Will the above named employee's vacation leave balance be below 80 hours if the above mentioned number of vacation leave hours are donated, unless the employee is separating from the University? YES \_\_\_\_\_ NO \_\_\_\_\_

Will the named employee's sick leave balance be below 480 hours if the above mentioned number of sick leave hours are donated, unless the employee is separating from the University?

YES \_\_\_\_\_ NO \_\_\_\_\_

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Appointing Authority or Designee Signature

Date