

**UNIVERSITY OF HAWAI'I
LEAVE SHARING DONATION FORM**

Name: _____ BU Code: _____
Last First Middle Initial

UH Username or No.: _____ Job Title: _____

Campus/School/Program: _____

E-Mail Address: _____ Daytime Phone No.: _____

I authorize the deduction of _____ hours from my:

- vacation leave balance
- sick leave balance*

I further authorize that my leave credits be donated to:

a specific employee, _____
Recipient's Full Name

Campus/School/Program

Central Leave Bank

*Applicable for those employees who only earn sick leave.

I understand that my donation cannot be returned to me once leave credits are transferred. I must have a vacation leave balance of at least ten (10) days after subtracting the donated leave from my leave account. If I do not earn vacation leave, I may donate sick leave credits but I must have a sick leave balance of at least thirty (30) days after the donation is made. Any vacation leave or sick leave transferred to but not used by an eligible employee will revert to the Central Leave Bank.

Donor's Signature Date

(CAMPUS/SCHOOL/PROGRAM TO COMPLETE)

The employee must meet all requirements for donating leave credits:

- Your donation has been approved for _____ hours.
- Your donation is denied. (Reason for denial is attached)

VP/Chancellor/Dean/Director or Designee Date

c: Leave Sharing Review Committee
Employee