

Request to Donate Shared Leave Form HCM-33B

Date

Date

Employee Information Employee Name PeopleSoft Employee ID Agency Name Agency # Work Location I request approval to donate hours of annual leave and/or hours of sick leave to: Recipient Name and ID Recipient Agency Agency # I certify this request is being made voluntarily. I was not coerced, intimidated, or financially induced to donate annual or sick leave for the leave sharing program. **Employee Signature** Agency Verification and Approval Agency Contact Name Contact Email Phone

I certify this donation will not cause the employee's annual leave balance to fall below 80 hours and will not cause the

Disapproved

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

employee's sick leave balance to fall below 80 hours.

Signature of Agency Verifying Official

Signature of Appointing Authority

Approved