CLEAR FORM

Attachment 1

UNIVERSITY OF HAWAIʻI
LEAVE SHARING DONATION FORM

Name: _____ BU Code: _____
Last First Middle Initial

UH Number: _____ Job Title: _____

Department/Division: _____ Work 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

( ) 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 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 30 days after the donation is made. Any vacation or sick leave transferred to but not used by an eligible employee will revert to the Leave Bank, and any unused vacation or sick leave balances remaining in the leave bank at the end of the program will be forfeited.

_____ _____
Donor's Signature Date

(Department/College to Complete)

The employee meets all requirements for donating leave credits:

( ) Your donation has been approved for ____ hours.

( ) Your donation is denied. (Reason for denial is attached)

_____ _____
Senior VP/VP/Director or Designee Date

c: Leave Sharing Review Committee
Supervisor
Employee

UH Form 68 (PERS) Rev. 1/06