

**ANNUAL REPORT  
LEAVE SHARING PROGRAM**

Attachment 470.1

TO: Office of Human Resources

FROM: Campus/School/Program: \_\_\_\_\_  
(Fill in the Above Block)

Contact Person and Phone No.: \_\_\_\_\_  
(Fill in the Above Block)

Report Year (calendar):   
(Fill in the Above Block)

SUBJECT: Annual Report - University of Hawai'i

Table A. DONORS	BARGAINING UNIT										
	00	01 61	02 82	03 63	04 84	07 67	08 68 78	09 79	10 70	87 88	TOTAL
1. No. of DONORS for the CENTRAL LEAVE BANK											
2. No. of HOURS Donated to the CENTRAL LEAVE BANK											
3. No. of DONORS for DIRECT SHARE											
4. No. of HOURS Donated for DIRECT SHARE											

Table B. APPLICANTS FOR PERSONAL CONDITION	BARGAINING UNIT										
	00	01 61	02 82	03 63	04 84	07 67	08 68 78	09 79	10 70	87 88	TOTAL
1. No. of Applicants Due to PERSONAL CONDITION											
2. No. of Applicants Approved for PERSONAL CONDITION											
3. No. of Hours Requested											
4. No. of Hours Approved CENTRAL LEAVE BANK											
5. No. of Hours Approved DIRECT SHARE											

Table C. APPLICANTS FOR CARE OF A FAMILY MEMBER	BARGAINING UNIT										
	00	01 61	02 82	03 63	04 84	07 67	08 68 78	09 79	10 70	87 88	TOTAL
1. No. of Applicants Due to CARE OF FAMILY MEMBER											
2. No. of Applicants Approved for CARE OF FAMILY MEMBER											
3. No. of Hours Requested											
4. No. of Hours Approved CENTRAL LEAVE BANK											
5. No. of Hours Approved DIRECT SHARE											

D. Please list the types of illnesses/injuries which were APPROVED:

E. Please list the types of illnesses/injuries which were DENIED: