A9.470 LEAVE SHARING

1. Purpose

To administer the Leave Sharing Program for University employees under the authority of Title 14, Subtitle 1, Chapter 8.1, Hawai‘i Administrative Rules.

The Leave Sharing Program is intended to allow employees to help ease the burdens of fellow employees who would otherwise need to take time off from work without pay to recover from a serious injury or illness. Such a program shall ensure:

a. fair treatment and freedom from coercion of employees,

b. that there will be no undue hardship on the department's operations, and

c. that an employee shall not directly or indirectly intimidate, threaten or coerce any other employee for the purpose of interfering with any right such employee may have with respect to donating, receiving or using shared leave under this program.

This Leave Sharing Program shall remain in effect until June 30, 1996.

2. Definitions

a. Direct Share Option: A Leave Sharing Program option whereby an eligible employee specifies the eligible co-worker to whom they wish to donate shared leave.

b. Donation: Vacation or sick leave credits donated by eligible employees. Donations must be made in increments of no less than one (1) hour.

c. Leave Bank Option: A Leave Sharing Program option under which eligible employees donate shared leave
credits to the University's Central Leave Bank without designating a specific eligible co-worker.

d. Serious personal injury or illness: An acute, traumatic, or life threatening illness, injury or impairment, such as cancer, heart attack or disabling accident:

1) which may be a physical or mental condition;

2) which is certified by a physician, as defined under Chapter 386-1, H.R.S., Hawai'i Workers' Compensation Law, as being totally incapacitating and the cause of the employee's inability to work for at least thirty (30) consecutive calendar days, and

3) which is not covered under Chapter 386, Hawai'i Workers' Compensation Law.

3. Objective

a. To allow eligible employees the opportunity to apply for or donate to the Leave Sharing Program.

b. To prescribe the procedures to be followed in applying for or donating to the Leave Sharing Program.

4. Applicability

a. These procedures shall apply to all University employees who are entitled to earn sick and/or vacation leave.

b. Employees who are federally funded may donate vacation leave credits, but may not receive shared leave credits under this program due to federal work certification requirements.

c. Employees of the University of Hawai'i shall not donate or receive leave credits with employees of other state departments.

5. References

ACT 157, S.L.H. 1993, Relating to public officers and employees.
6. Responsibilities

a. The Director of Human and Material Resources or designee shall appoint a Leave Sharing Review Committee to administer the central leave bank. The committee shall be comprised of at least three members, one of which shall be a representative from the Personnel Management Office, who shall chair the committee.

b. The Leave Sharing Review Committee shall be responsible for overall management of the Leave Sharing Program, and shall:

1) define the general framework for promoting understanding and knowledge of the Leave Sharing Program;

2) respond to questions related to leave sharing as they affect employees and this program;

3) review all matters relating to appeals under section 8(e) of this procedure;

4) assist the departments/units in conducting periodic publicity campaigns informing employees of the Leave Sharing Program; and

5) monitor all donations into the central leave bank and determine the distribution of leave credits from the central leave bank.

6) consult with the Department of Human Resource Development concerning unusual situations and/or circumstances.

c. The Employee Benefits and Training Section within the Personnel Management Office shall coordinate, as necessary, the activities of the Leave Sharing Review Committee.

d. Personnel/Administrative Officers within their respective units shall implement this procedure. The
Personnel/Administrative Officer shall:

1) inform their employees that they may donate vacation leave credits or request leave credits under this program. For employees who do not earn vacation leave, but earn sick leave credits, inform such employees that they may donate sick leave credits or request leave credits under this program.

2) assure that a leave bank option and a direct share option shall both be available to employees to encourage maximum participation in the program.

3) ensure that an employee is not directly or indirectly intimidated, threatened or coerced with respect to donating or receiving shared leave under this program.

4) review for eligibility and correctness all donations and requests for shared leave.

5) ensure that all official leave and attendance records are properly maintained with respect to donated leave and shared leave received by recipients.

6) monitor leave sharing recipient's medical condition on a monthly basis to ensure that their condition continues to be due to a serious injury or illness.

7) forward appeal requests to the Leave Sharing Review Committee for review and action.

7. Guidelines

a. Conditions for Donating Shared Leave

1) An employee must meet all of the following conditions to be eligible to donate shared leave credits:

   a) Employees who earn and use sick and vacation leave shall only donate vacation leave credits, provided that the employee's vacation leave balance is not less than ten (10) days of vacation after the donation is made. Employees who do not earn vacation
leave shall donate their sick leave credits, provided that the employee's sick leave balance is not less than thirty (30) days after the donation is made.

b) An employee must not have asked for nor accepted anything of value in exchange for the donation of leave credits.

2) All donated vacation or sick leave credits are irrevocable.

a) A vacation leave or sick leave donation shall not be refunded to the donor once it is transferred to the leave recipient or to the central leave bank.

b) Any donated leave credits that are transferred to but not used by the eligible leave recipient shall revert to the central leave bank to be available for use by other eligible recipients.

3) Leave shall be donated in increments of no less than one (1) hour.

b. Conditions for Receiving Shared Leave

1) An employee must meet all of the following conditions to be eligible to receive shared leave credits:

a) has been employed at the University in a Board of Regents or Civil Service position for at least six (6) continuous months at a minimum of 0.5 (one-half) FTE;

b) has exhausted or is about to exhaust all vacation leave, sick leave and compensatory time credits;

c) is suffering from an acute, traumatic or life threatening personal injury or illness which caused the employee to be absent from work for at least thirty (30) consecutive calendar days within the past twelve (12) months.

d) has a personal injury or illness not covered
under Chapter 386, H.R.S., Hawai'i Workers' Compensation Law, or if covered, has exhausted all benefits;

e) is determined to be ineligible for temporary disability benefits or, if eligible, has exhausted all benefits; and

f) has no disciplinary record of sick leave abuse within the past two years.

2) An eligible employee can receive no more than a combined cumulative total of 240 days of shared leave credits for the duration that the employee is employed with the University. 9-month employees can receive no more than 180 days of shared leave credits.

3) An employee need not have donated leave to be eligible to receive shared leave.

4) If an employee is incapable of applying for shared leave credits, an authorized representative may apply on the recipient's behalf.

5) While using shared leave credits, an eligible recipient shall continue to earn sick and/or vacation leave credits, consistent with applicable leave provisions. Such earned sick and/or vacation leave credits shall be used prior to receiving shared leave credits in accordance with current leave accounting practices.

6) In the event that a leave recipient is found to be entitled to benefits under Chapter 386, H.R.S., after shared leave has been granted, all approved shared leave credits transferred to the leave recipient shall be rescinded. The employee shall reimburse any salary amount previously paid under this Leave Sharing Program.

8. Procedures

a. Donating Shared Leave Credits

1) An employee may donate leave directly to another employee via the direct share option. The steps in the donation process are as follows:
a) The employee shall complete and submit a UH Form 68 (PERS), Leave Sharing Donation Form (Attachment 1),

b) The supervisor shall review the UH Form 68 (PERS), Leave Sharing Donation Form (Attachment 1) for correctness and forward to their respective Personnel/Administrative Officer within their unit.

c) The Personnel/Administrative Officer shall review the donation request in accordance with the eligibility guidelines set forth in Section 7(a) of this procedure.

d) If approved, the Personnel/Administrative Officer shall follow the appropriate instructions on Attachment 4 in processing the donation request. A copy of the UH Form 68 (PERS), Leave Sharing Donation Form (Attachment 1) shall be provided to the employee, the employee's supervisor and the Leave Sharing Review Committee once the donation request has been processed.

e) If the donation is to an employee of another department/college, the Personnel/Administrative Officer shall contact the employee's Personnel/Administrative Officer to verify whether or not the employee has been deemed eligible to receive shared leave credits under the Leave Sharing Program. If approved, the donating employee's Personnel/Administrative Officer shall process the donation request as indicated in the instructions in Attachment 4. A copy of the UH Form 68 (PERS), Leave Sharing Donation Form (Attachment 1) shall be forwarded to the donor employee, donor employee's supervisor, recipient's Personnel/Administrative Officer and the Leave Sharing Review Committee.

f) If the leave donation request is disapproved, the Personnel/Administrative Officer shall return the original UH Form 68 (PERS), Leave Sharing Donation Form (Attachment 1) to the employee's immediate supervisor along with a
reason for the denial. The immediate supervisor shall return the leave donation request to the employee.

2) An employee may donate leave to the central leave bank. The steps in the donation process are as follows:

a) The employee shall complete and submit a UH Form 68, (PERS), Leave Sharing Donation Form (Attachment 1) to their immediate supervisor,

b) The supervisor shall review the form for correctness and forward to their Personnel/Administrative Officer within their respective unit.

c) The Personnel/Administrative Officer shall review the donation request in accordance with the eligibility guidelines set forth in Section 7(a) of this procedure.

d) If approved, the Personnel/Administrative Officer shall process the donation request in accordance with the instructions on Attachment 5. A copy of the approved UH Form 68 (PERS), Leave Sharing Donation Form (Attachment 1) shall be submitted to the Leave Sharing Review Committee and the donor once the leave donation is processed.

e) If the leave donation request is disapproved, the Personnel/Administrative Officer shall return the original UH Form 68 (PERS), Leave Sharing Donation Form (Attachment 1) to the respective donor's immediate supervisor along with a reason for the denial. The immediate supervisor shall return the leave donation request to the employee.

b. Receiving Shared Leave Credits

1) An employee requesting shared leave may receive shared leave directly via the Direct Share Option and/or the Central Leave Bank Option. The steps which involve receiving shared leave are as follows:
a) The employee shall complete and submit a UH Form 69, Leave Sharing Request Form (Attachment 2), along with a UH Form 49, Certificate of Physician or Practitioner (Attachment 3) to their immediate supervisor.

b) The immediate supervisor shall review the forms for correctness and forward the request to their respective Personnel/Administrative Officer within their unit.

c) The Personnel/Administrative Officer shall review the forms in accordance with eligibility guidelines set forth under Section 7(b) of this procedure.

d) If the employee is eligible to receive shared leave, the Personnel/Administrative Officer shall follow the appropriate instructions on Attachment 6 in processing the shared leave request. A copy of the UH Form 69, Leave Sharing Request Form (Attachment 2), along with the UH Form 49, Certificate of Physician or Practitioner (Attachment 3), shall be sent to the employee, the employee's immediate supervisor and the Leave Sharing Review Committee within ten (10) working days after the receipt of request.

e) The Personnel/Administrative Officer shall monitor the number of shared leave credits used by the employee along with the number of shared leave credits available. The employee receiving shared leave credits shall continue to receive his or her current salary.

f) If the employee was on leave without pay status at the time the shared leave request was filed and has since been found eligible to receive shared leave credits, the Personnel/Administrative Officer shall generate a Payroll Notification Form to return the employee on paid leave status. For civil service employees, the Personnel/Administrative Officer shall notify the Personnel Management Office, Civil Service Section, in writing, to generate the State Form 5, Notification of Personnel
Action, to return the employee on paid leave status. The period that the employee remains on paid status shall be dependent on the number of shared leave credits that were donated to the employee.

g) The number of shared leave credits received by the employee shall be dependent on the availability of leave donated and shall not be approved and processed for more than a month at a time. The recipient's sick or vacation leave balance shall not be affected as a result of receiving shared leave.

h) The Personnel/Administrative Officer shall retain the original of all approved UH Form 69 (PERS), Leave Sharing Request Form (Attachment 2), along with the UH Form 49 (PERS), Certificate of Physician or Practitioner (Attachment 3), submitted under the Direct Share Option. Copies of the forms shall be submitted to the Leave Sharing Review Committee for monitoring purposes.

i) If the employee is not eligible to receive shared leave, the Personnel/Administrative Officer shall return the original UH Form 69 (PERS), Leave Sharing Request Form (Attachment 2), along with the UH Form 49 (PERS), Certificate of Physician or Practitioner (Attachment 3), to the employee along with a reason for the denial.

c. The Leave Sharing Review Committee shall have overall responsibility of the Central Leave Bank, which shall include, but not limited to:

1) recording all donations into the Central Leave Bank.

2) processing leave credits from the Central Leave Bank in accordance with the procedures set forth in Attachment 7. If there are more than one recipient approved to receive shared leave, the available leave credits shall be equally distributed to the leave recipients.

3) maintaining records of all copies of UH Form 68
(PERS), Leave Sharing Donation Form (Attachment 1), UH Form 69 (PERS), Leave Sharing Request Form (Attachment 2), and UH Form 49 (PERS), Certificate of Physician or Practitioner (Attachment 3).

4) reviewing all appeals under Section 10 of this procedure.

5) monitoring all Leave Sharing activities within the University.

d. Termination of Shared Leave

1) Approved shared leave shall be discontinued under the following situations:

   a) The leave recipient separates or is separated from service,

   b) The leave recipient no longer suffers from the illness or injury for which the shared leave was approved,

   c) The leave recipient is found to be entitled to benefits under Chapter 386, H.R.S., or temporary disability benefits,

   d) The leave recipient did not meet all of the conditions for eligibility under section 7 (B) of this procedure.

2) The Personnel/Administrative Officer shall notify the recipient in writing whenever the approved shared leave shall be or has been terminated or rescinded.

3) Adjustments shall be made to the recipient's compensation and leave records, as appropriate, for any period during which the shared leave has been terminated or rescinded.

4) All unused shared leave credits by the recipient shall be returned to the Central Leave Bank.

e. Appeal Procedures

1) Any employee or the duly authorized representative of such employee whose application for shared
leave is denied, in whole or in part, may appeal for a review of the decision by submitting a UH Form 76 (PERS), Appeal and/or Complaint Form (Attachment 8) within ten (10) days after receiving written notice of the denial or a notice of termination of shared leave benefits. The written request shall be addressed to the Leave Sharing Review Committee, Personnel Management Office, Employee Benefits and Training Section, and shall include the following information:

a) A request to review the application for shared leave and the specific reasons for the reconsideration of the application,

b) The facts in support of the reconsideration; and

c) The remedy which the employee is seeking.

2) The Leave Sharing Review Committee shall convene within fifteen (15) days after receipt of the employee's request for review. A meeting with the employee or duly authorized representative at which time any materials, additional facts, documents or other evidence may be presented by the employee or their duly authorized representative.

3) After considering the additional information, the Leave Sharing Review Committee shall render a decision. The Leave Sharing Review Committee shall be final and conclusive. Written notice of the decision to the employee shall be given within ten (10) working days from the date of the appeal meeting or at a mutually agreed later date based upon receipt of additional documentation, whichever is later.

f. Termination of Leave Sharing Program

1) The leave sharing program shall terminate on June 30, 1996 unless extended by the State Director of Personnel Services or repealed by law.

2) If the leave sharing program terminates before the end of the recipient's serious personal illness or injury, any shared leave granted to the recipient
before the program's end shall remain available for use by the recipient until the termination of the serious personal illness or injury.

3) Upon termination of the Leave Sharing Program, any shared leave remaining in the Central Leave Bank shall be considered forfeited and the leave bank dissolved.
UNIVERSITY OF HAWAI‘I
LEAVE SHARING DONATION FORM

Name: ___________________________ BU Code: _______

Last                           First Middle Initial

SSN: ___________________________ 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) 1/95
UNIVERSITY OF HAWAI’I
LEAVE SHARING REQUEST FORM

Name ____________________________ BU Code: ________
Last                        First Middle Initial
SSN: ____________________________ Job Title:____________________
Department/Division: ____________________________ Work Phone No.: __________
Home Phone No.: _______________

I have been totally disabled from working since ___________________________. I am requesting
(date)
approval to receive _____ hours or ____ days of shared leave for use from __________to ________.
Describe illness/injury: ____________________________

APPLICANT'S CERTIFICATION:

I have attached UH Form 49, Certification of Physician or Practitioner, certifying my personal
injury/illness and I attest that the above statements are true and accurate. I have exhausted or about to
exhaust all vacation leave (if applicable), sick leave and compensatory time credits. I do not qualify or
have exhausted all my benefits under workers’ compensation law and temporary disability benefits and I
understand that any approved leave credits are to be used only for this personal injury/illness.

__________________________________________  ____________________________
Employee's Signature or Authorized Representative       Date

(Department/College to Complete)

The employee must have been employed in a position with at least fifty percent full-time equivalency
for at least six (6) continuous months; exhausted, or will exhaust, all vacation and sick leaves,
compensatory time credits, and temporary disability benefits; and the employee is not receiving workers'
compensation benefits.

( ) APPROVED for __________ (number of hours)
( ) DISAPPROVED (reason for denial is attached)

__________________________________________  ____________________________
Senior VP/VP/Director or Designee       Date

C: Leave Sharing Committee
    Supervisor
    Employee

UH Form 69 (PERS) 1/95
CERTIFICATION OF PHYSICIAN OR PRACTITIONER

SECTION I: EMPLOYEE INFORMATION  (Employee To Complete)

Employee's Name: ____________________________

Last     First     Middle Initial

Social Security No.: ______________ Department/Unit: ________________________________

I hereby authorize my physician or practitioner to provide the medical information as requested below in support of my leave sharing request.

_________________________________________  __________________________
Employee's Signature                  Date

SECTION II: MEDICAL CERTIFICATION (Physician or Practitioner to Complete)

Diagnosis: __________________________________________________________________________

____________________________________________________________________________________

Date of disability: From: ___________________________ To: _____________________________

Estimated date patient can return to work: ________________________________

Name of Physician/Practitioner: ________________________________

Address: ________________________________ Phone No.: ________

I certify that the above-named individual is suffering from an acute, traumatic or life-threatening personal injury or illness which caused the employee to be totally disabled from working.

_________________________________________  __________________________
Signature of Physician/Practitioner                  Date

UH Form 49 (PERS) 01/95
Instructions For Completing the UH Form 5 (PERS), Leave of Absence Transaction Change Form (Leave Donation Request):

1. To process a Leave Donation Request (debiting a donor's leave account), the following steps shall be taken in completing a UH Form 5, Leave of Absence Transaction Change Form (PERS):

   a. Enter G2OUT under Document No.,
   
   b. Enter the donor employee's Social Security Number,
   
   c. Enter donor employee's first three characters of last name,
   
   d. Enter 01 under Type of Leave for donor employee who can earn and use sick and vacation leave credits. Enter 02 for donor employee who can only earn and use sick leave credits,
   
   e. Enter the date of when the leave donation request was processed,
   
   f. Enter the number of hours donated, but no less than one (1) hour,
   
   g. Leave column 7 blank.

2. The completed UH Form 5, Leave of Absence Transaction Change Form (PERS), shall be batched (1st Pass or 2nd Pass) and forwarded to the Office of Human Resources for submission to the Management Systems Office, Data Entry Unit with a copy to the Leave Sharing Review Committee. Current leave accounting procedures shall be followed for batch submission purposes. Refer to sample UH Form 5 (Attachment 4 (cont.)).
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<th>(1) Document No.</th>
<th>(2) Social Security No.</th>
<th>(3) Last Name</th>
<th>(4) Type of Leave</th>
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Note: For delete, mark with an X.
Instructions on Processing the UH Form 5, Leave of Absence Transaction Change Form (Leave Donation Request to the Central Leave Bank):

To be completed by Office of Human Resources (Employee Benefits and Training Section) only:

1. To credit the Central Leave Bank with a leave donation, the following steps shall be taken in completing the UH Form 5, Leave of Absence Transaction Change Form (PERS):
   
   a. Enter ERG201 under document number. Any subsequent donations shall be credited to the Central Leave Bank using ERG02, ERG03, etc.
   
   b. Enter 000-00-0000 under Social Security Number,
   
   c. Enter CLB under Last Name. CLB refers to Central Leave Bank,
   
   d. Enter 02 under Type of Leave,
   
   e. Enter the date the UH Form 5 was processed.
   
   f. Enter the number of hours/days donated to the Central Leave Bank.
   
   g. Leave column 7 blank.

2. The completed UH Form 5 (PERS), Leave of Absence Transaction Change Form, shall be batched (1st or 2nd Pass) and forwarded to the Office of Human Resources for submission to the Management Systems Office, Data Entry Unit with a copy to the Leave Sharing Review Committee. Refer to sample UH Form 5 (Attachment 5 (cont.)).
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Attachment 5 (chart)
Instructions for completing the UH Form 5 (PERS), Leave of Absence Transaction Change Form (Shared Leave Request)

A. To process a Shared Leave Request (crediting a recipient's sick leave balance) via direct share or Central Leave Bank, the following steps shall be taken when completing the UH Form 5, Leave of Absence Transaction Change Form (PERS):

1) Enter ERG201 under document number. Any subsequent donations shall be credited to a recipient using ERG02, ERG03, etc.

2) Enter the recipient's Social Security Number.

3) Enter the first three characters of the recipient's last name.

4) Enter 02 under Type of Leave.

5) Enter the date when the UH Form 5 was processed.

6) Enter the total number of hours received. The total number of hours entered shall be verified against the total hours/days requested on the recipient's UH Form 69, Leave Sharing Request Form (PERS). The number of hours entered shall not exceed one (1) month at any one time.

7) Leave column 7 blank.

B. The completed UH Form 5, Leave of Absence Transaction Change Form (PERS), shall be batched (1st Pass or 2nd Pass) and forwarded to the Office of Human Resources for submission to the Management Systems Office, Data Entry Unit. Current leave accounting procedures shall be followed for batch submission purposes. Refer to sample of UH Form 5 (Attachment 6 cont.).

C. A UH Form 1, Application for Leave of Absence (PERS), shall be completed on behalf of the recipient and batched (3rd Pass) and submitted together with the completed UH Form 5, Leave of Absence Transaction Change Form (PERS). Refer to sample of UH Form 1 (Attachment 6 cont.).
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**UH Form 5 (Pers)**

**ATTACHMENT 6 (CONT.)**

11/19/97
Instructions for Completing the UH Form 1 (PERS), Application for Leave of Absence. Complete the following items:

**Item 1** -- Enter social security number of recipient.

**Item 2** -- Enter full name of recipient.

**Item 3** -- Enter 02 for "Sick Leave".

**Item 4** -- Enter "Sick Leave".

**Item 5** -- Enter appropriate dates to reflect the number of hours of sick leave received.

**Item 7** -- Enter the number of sick leave hours to be charged.

**Items 8-11** -- Self-explanatory.
Instructions on Processing the UH Form 5 (PERS), Leave of Absence 
Transaction Change Form (Leave Donation from the Central Leave 
Bank):

1. To debit the Central Leave Bank, the Leave Sharing Review 
Committee shall approve and prepare the UH Form 5 (PERS), 
Leave of Absence Transaction Change Form. To process a 
leave donation from the Central Leave Bank, the following 
steps shall be taken:

   a. Enter G2OUT under Document No.,
   b. Enter 000-00-0000 under Social Security No.,
   c. Enter CLB under Last Name. CLB refers to Central Leave 
      Bank,
   d. Enter 02 under Type of Leave,
   e. Enter the date when the UH Form 5 (PERS), Leave of 
      Absence Transaction Change Form, was processed,
   f. Enter the number of hours to be debited from the 
      Central Leave Bank,
   g. Leave column 7 blank.

2. The original UH Form 5 (PERS), Leave of Absence Transaction 
Change Form, shall be forwarded to the recipient's 
respective Personnel/Administrative Officer for review and 
processing with a copy retained by the Leave Sharing Review 
Committee. Refer to sample UH Form 5 (Attachment 7 
(cont.)).

3. The Personnel/Administrative Officer shall prepare a UH Form 
5 (PERS), Leave of Absence Transaction Change Form, to 
credit the recipient's sick leave balance in accordance with 
the instructions on Attachment 6.

4. The UH Form 1 (PERS), Application for Leave of Absence, 
shall be completed on behalf of the recipient. Refer to 
sample UH Form 1 (Attachment 6 (cont.)).

5. The forms completed above shall be submitted together to the 
Office of Human Resources for submission to the Management 
Systems Office, Data Entry Unit. Current leave accounting 
procedures shall be followed for batch submission purposes.
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*Attachment / (cont.)*
LEAVE SHARING PROGRAM

APPEAL FORM

SECTION I: To be completed by Appellant

Name ____________________________________________ Date ________________

Social Security No. ____________________________________________

Nature of Appeal for Review by the Leave Sharing Committee and Remedy Sought (Attach Supporting Documents):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SECTION II: To be completed by Leave Sharing Committee

Date Appeal Received: ________________________________________________

Date(s) Leave Sharing Committee Convened: ______________________________

Decision: ____________________________________________________________

________________________________________________________________________
________________________________________________________________________

Date Decision Issued: _________________________________________________

Signature of Leave Sharing Committee Chairperson: ________________________

UH Form 76 (PERS) 01/95