UNIVERSITY OF HAWAI'I LEAVE SHARING DONATION FORM

Name	:			BU Code:
	Last	First	Middle	Initial
UH Username or No.:Job Title:				
Camp	us/School/Program	n:		
E-Mai	I Address:		Daytime Phone	No.:
I auth (Note	orize the deductio Leave hours shall	n of Il be donated in increments of	hours from my: 1 hour, with a minimum do	nation of 4 hours.)
	() vacation le	ave balance () sick leav	ve balance*	
I furth	er authorize that 1	ny leave credits be donated to	:	
	() a specific e	employee,		
	() r	Reci	pient's Full Name	
	() Central Le		pus/School/Program	
	() Central Le			
*Appl	icable for those en	nployees who only earn sick l	eave.	
leave b vacation the dom	balance of at least te on leave, I may dona	tion cannot be returned to me onc n (10) days after subtracting the o ate sick leave credits but I must h vacation leave or sick leave tran Bank.	donated leave from my leave a ave a sick leave balance of at 1	ccount. If I do not earn east thirty (30) days after
	Donor's	Signature		Date
(CAN	IPUS/SCHOOL/	PROGRAM TO COMPLET	ľE)	
The er	mployee must mee	et all requirements for donatin	g leave credits:	
	() Your do shall be	onation has been approved for in increments of 1 hour, with	a minimum donation of 4 h	hours. (Donations hours.)
	() Your de	onation is denied. (Reason for	denial is attached)	
	VP/Chancellor/	Dean/Director or Designee		Date
c:	Leave Sharing l Employee	Review Committee		