



Why Donate Leave? Employees experiencing a catastrophic or life threatening illness that limit their ability to work do not always have enough paid leave hours to cover their illness-related time off. These employees have the option to request a donation of paid leave from the University of Oklahoma Shared Leave Program. This is a university-sponsored and employee-managed program which OU staff can voluntarily donate leave hours to a shared leave pool. The Employee Shared Leave Committee manages the leave pool and awards leave time based on need and availability. You may donate any amount so long as your remaining Paid Leave Balance is at least 50% of your Annual Accrual Rate. Thank you for donating your leave to the Employee Shared Leave Pool. If you have any questions about this form or the donation process, please contact OU Human Resources (Norman: 405-325-2961, HSC: 405-271-2180, Tulsa: 918-660-3190).

Part A - To be completed by the employee donating their leave		
First Name:	Last Name:	Campus Phone:
Department:		Email Address:

Number of hours I want to donate:			
<input type="checkbox"/> I want to direct my donated leave to the Shared Leave Pool so that it can be awarded to any qualified employee.			
<input type="checkbox"/> I want to direct my donated leave to the following employee:			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">First Name:</td> <td style="width: 33%; padding: 5px;">Last Name:</td> <td style="width: 33%; padding: 5px;">Employee ID:</td> </tr> </table>	First Name:	Last Name:	Employee ID:
First Name:	Last Name:	Employee ID:	

I agree that my donation is voluntary and may be deducted from my paid leave balance. I also agree that any unused shared leave that is donated by me to a specific employee can be added to the Shared Leave Pool which can be awarded to any qualified employee.	
→ Signature:	Date:

Part B - To be completed by the employee's payroll representative.		
Applicant's Employee ID Number:	University Service Date:	
Applicant's Paid Leave Hours:	Applicant's Extended Leave Hours:	Hours as of Date:
I am the applicant's payroll representative and I certify that the applicant is a 12-month benefits-eligible university employee. After donating the above requested hours, this employee will have a paid leave balance of at least 50% of the employee's annual accrual rate. I will deduct the hours of leave from this employee's Paid Leave account after authorization by the Shared Leave Committee and I will keep a copy of this form in the employee's personnel file.		
→ Signature:		Date:

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Return the completed form to the Shared Leave Committee, c/o Shared Leave Administrator, OU Human Resources