



Employee Information

Employee name

Employee ID

Agency name

Agency #

Work location

I request approval to donate _____ hours of annual leave and/or _____ hours of sick leave to the Leave of Last Resort Bank.

I understand that:

- No monetary compensation will be given for annual or sick leave donated to the Leave Bank.
- Any sick leave donated will not be applied as a credit for years of service under my respective retirement system.
- If I leave state service and am reemployed within a period of two years from my separation date, any leave donated to the bank will not be reinstated.

I certify this request is voluntary. I was not coerced, intimidated or financially induced to donate annual or sick leave for the leave sharing program.

Employee signature

Date

Agency Verification and Approval

Agency contact name

Contact email

Phone

I certify any donation is voluntary after the following was explained to the employee:

- No monetary compensation will be given for annual or sick leave donated to the Leave Bank.
- Any sick leave donated will not apply as a credit for years of service under their respective retirement system.
- If the employee leaves state service and is reemployed within a period of two years from the separation date, any leave donated to the bank will not be reinstated.

Signature of agency verifying official

Date

Approved

Disapproved

Signature of appointing authority

Date

Signature of HCM shared leave liaison (OMES use only)

Date