

**STATE OF KANSAS
SHARED LEAVE PROGRAM**

Wichita State University
Shared Leave Donation Form

Please return to OHR, Campus Box #15, Attn: Lana Anthis.

Part I – To be completed by employee

Name: _____ Employee ID #: _____

Employee's Department: _____

Campus Box #: _____

Check If You Are: Retiring Resigning Current WSU Employee

Work Phone: _____

Donations must be made in full-hour increments. **Unless the donating employee is separating from state service**, the vacation leave balance must be at least 80 hours and the sick leave balance must be at least 480 hours after the donation is made.

Please indicate the type and amount of leave to be donated:

Hours Donated To:

_____ (Name) _____ (Department)

Vacation Leave Hours (classified only): # hours donated _____

Sick Leave Hours: # hours donated _____

I want my donation to be confidential: Yes No

I understand that my donation is voluntary. I understand that my leave balance will be decreased by the amount contributed. I understand this donation may affect the payout of sick leave upon retirement or the payout of vacation leave upon any termination.

Employee Signature _____
Date

Part II – To be completed by the Office of Human Resources

Will the above-named employee's vacation leave balance be below 80 hours if the above-mentioned number of vacation leave hours are donated?

Yes No Not applicable

Will the above-named employee's sick leave balance be below 480 hours if the above-mentioned number of sick leave hours are donated?

Yes No Not applicable

If the employee is donating at the time of separation from state service, please disregard the questions above and indicate with an X in the space provided.

The donating employee's current salary is: _____

Is the donating employee terminating? Yes _____ No _____ If so, retiring or resigning? _____

Shared Leave Chair Signature _____
Date