DA 223 (Rev 07/14) **STATE OF KANSAS SHARED LEAVE DONATION FORM**

Part I – To be completed by employee.

NAME: _____ **EMPLOYEE ID #:** _____

Agency Name/Department Number : _____

Work Address: _____

City **State** **Zip**

Work Phone: _____

Donations must be made in full-hour increments. 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 – **UNLESS the donating employee is separating from the state service.**

PLEASE INDICATE THE TYPE AND AMOUNT OF LEAVE TO BE DONATED:

Vacation Leave Hours: # hours donated _____

To: _____

Name **Employee ID#** **Agency**

Sick Leave Hours: # hours donated _____

To: _____

Name **Employee ID#** **Agency**

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

_____

Employee signature **Date**

PART II – To be completed by agency personnel office:

Non-terming Employee:

Will the above named employee's vacation leave balance be below 80 hours after the donation? Yes____No____

Will the above named employee's sick leave balance be below 480 hours after the donation? Yes____No_____

Terming Employee:

If the employee donating is separating from state service, please indicate below if they are retiring or terminating.

Terminating:_____Retiring:_____ Current salary of donating employee:_____

If the employee is retiring make sure the employee does not donate hours that would take them below their leave payout amounts.

Is employee eligible for vacation leave payout:_____ Sick leave payout:_____

PART III – To be completed by agency personnel office:

I hereby approve ____ deny____donation of leave for the above named employee (# Hours _____)

Appointing Authority signature:_____ Date_____