



LEAVE SHARING - DONATION FORM

DEPARTMENT OF EDUCATION
Office of Human Resources
Records and Transactions Section
P.O. Box 2360 Honolulu, HI 96804

I. EMPLOYEE INFORMATION

Name: _____ Last 4 Digits of SSN: _____
Last First M.I.

Position: _____ School/Office: _____

School or Sub-Division: _ _ _ Bargaining Unit Code: _ _ FTE: 100% 50% Other: ____ %

II. LEAVE BANK

I would like to donate the following number of _____ vacation leave DAYS or _____ sick leave DAYS to the leave bank.
(write the number on the appropriate blank)

III. DIRECT SHARE

I would like to donate the following number of _____ vacation leave DAYS or _____ sick leave DAYS to the leave bank.
(write the number on the appropriate blank)

Recipient Name: _____ Last 4 digits of recipient's SSN: _____

Important Information: **When making a direct share, it must be to an individual who has been granted leave share credits.** This option is best used when a recipient has been authorized to receive leave share credits; otherwise, direct share credits to any unauthorized recipient will revert to the Central Leave Bank.

IV. CERTIFICATION OF LEGITIMATE DONATION

I certify that I have a balance of ten (10) vacation leave days or thirty (30) sick leave days after the donation is processed as charged to my appropriate leave account.

Donor Signature: _____ Date: _____
MM/DD/YYYY

I understand that in accordance with Section 7.4 of the Department's Guidelines for Leave Sharing that in the direct share option, any donated leave credits that are not used by the eligible leave recipient or in excess of the recipient's maximum allowable limit shall revert to the central Leave Bank to be available for use by other eligible recipients.

Important Information: Only vacation days (up to a maximum of ten (10) vacation days) may be donated. Employees who are entitled to earn and use vacation leave credits are only allowed to donate vacation days. They are NOT allowed to donate sick leave days. If you do not earn vacation, sick leave may be donated (up to a maximum of ten (10) sick leave days per year). **All legitimately donated vacation or sick leave days are irrevocable and shall not be refunded to the donor.**

V. PRINCIPAL/SUPERVISOR VERIFICATION OF ACCUMULATED LEAVE

This is to verify that the above-named donor meets the requirements to make a legitimate donation as audited against the Form 7 (leave record).

Principal/Supervisor Signature: _____ Date: _____
MM/DD/YYYY