



Donor's Application for Shared Leave

Part A. For completion by the Applicant

Name _____ Work Telephone _____

Department _____ Position _____

I requested approval to donate _____ hours from my accrued annual leave account as follows:

- For any University employee,
- or
- For a specific University employee _____

I agree and understand that my donation is voluntary and comes from my paid leave balance and that, after my donation, the balance must be at least 50% of its annual accrual rate. I am aware if all shared leave eligibility criteria are not met, there will be no action taken on my application and no deduction from my paid leave account.

Signature _____ Date _____
(applicant or authorized representative)

Part B. For completion by the Director of Human Resources

I hereby certify that the applicant:

- Has an employee ID Number of _____
- Has a University Service Date of _____,
- Is a 12-month employee who holds a regular appointment which accrues sick and annual leave,
- Has _____ annual leave hours on the _____ day of _____, and
Shall have an annual leave balance, after the donation requested above, of at least 50% of the applicant's annual accrual rate.

Signature _____ Date _____

Part C. For completion by the Vice President for Business and Finance

The request to donate Shared Leave has been reviewed and the following action taken.

- be approved
- not be approved because _____

Signature _____ Date _____