



State of Oklahoma
Office of Management & Enterprise Services
Human Capital Management

Shared Leave Form

Part 1. Employee Information – To be completed by employee requesting or donating shared leave

<input type="text"/>		<input type="text"/>
Employee Name		PeopleSoft Employee ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Name	Agency #	Work Location

Part 2. Request Type – Select either Request to Receive Leave or Request to Donate Leave

Request to Receive Leave – I request approval to receive donated leave. I certify that I am eligible for and require donated leave as authorized by [Title 74, Section 840-2.23](#) of the Oklahoma Statutes.

Optional: I request that my first name, last initial and agency information be placed on the HCM “Shared Leave Registry” located on the [HCM Website](#) for a two-week period. I understand that donation of shared leave between employees in different state entities requires the agreement of the appointing authorities of those entities. I further understand that this information will be available for review by anyone having internet access, including individuals outside of state government, and accept complete responsibility for this request.

Request to Donate Leave – I request approval to donate hours of annual leave and/or hours of sick leave to:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Recipient's Name	Agency	Agency #

I certify that this request is being made voluntarily. I was not coerced, intimidated, or financially induced into donating annual or sick leave for the purposes of the leave sharing program.

 Employee Signature Date

Part 3. Agency Verification and Approval – To be completed by agency of employee requesting or donating leave

Agency Point of Contact Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Point of Contact Name	E-mail	Phone

Employee's leave balance:

_____ as of _____ as of _____
 Annual Date Sick Date

Previous shared leave usage (number of hours): _____

 Signature of Agency Verifying Official Date

Approved Agency policy does does not (check one) allow donated leave to be accepted from employees of another state agency.

Approval includes authorization to list on the HCM Website.
 If approved, fax this document to HCM at (405) 524-6942 to post on the HCM Website as requested.

Disapproved

 Signature of Appointing Authority Date

* Provide a copy of the final approved/disapproved form to employee.