

## OSAGE COUNTY 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 PTO leave balance must be at least 120 hours after the donation is made – **UNLESS the donating employee is separating from the county service.**

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

PTO Leave Hours: # hours donated

\_\_\_\_\_

Sick Leave Hours: # hours

\_\_\_\_\_

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 PTO upon retirement and termination or retirement.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

### PART II – To be completed by agency personnel office:

**Non-termining Employee:**

Will the above named employee's PTO leave balance be below 120 hours after the donation? Yes \_\_\_\_ No \_\_\_\_

**Termining Employee:**

**If the employee donating is separating from county 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 PTO 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 \_\_\_\_\_