

## 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.

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Employee signature

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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

**Terminating 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 \_\_\_\_\_