



**Request to Donate  
Shared Leave  
Form HCM-33B**

**Employee Information**

Employee Name

PeopleSoft Employee ID

Agency Name

Agency #

Work Location

I request approval to donate \_\_\_\_\_ hours of annual leave and/or \_\_\_\_\_ hours of sick leave to:

Recipient Name and ID

Recipient Agency

Agency #

I certify this request is being made voluntarily. I was not coerced, intimidated, or financially induced to donate annual or sick leave for the leave sharing program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Agency Verification and Approval**

Agency Contact Name

Contact Email

Phone

I certify this donation will not cause the employee's annual leave balance to fall below 80 hours and will not cause the employee's sick leave balance to fall below 80 hours.

\_\_\_\_\_  
Signature of Agency Verifying Official

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Date