



## Employee Information

Employee name

PeopleSoft employee ID

Agency name

Agency #

Work location

I request approval to receive donated leave. I certify I am eligible for and require donated leave as authorized by Oklahoma statutes (74 O.S. § 840-2.23).

- ☐ *Optional:* Request leave from other agency
- I affirm I have exhausted all annual and sick leave and am unable to receive donated leave within my agency.
- ☐ *Optional:* HCM online Shared Leave Registry
- I understand my first name, last initial and agency information will be placed on the Shared Leave Registry.
  - I understand 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.
- ☐ *Optional:* Request leave from Leave Bank
- I affirm I have exhausted all annual and sick leave, and worked with my agency and the shared leave liaison, but am unable to receive donated leave.

Employee signature

Date

## Agency Verification and Approval

Agency contact name

Contact email

Phone

## Employee's leave balance

Annual hours as of Date

Sick hours as of Date

Previous shared leave usage (total hours):

☐ (Interagency shared leave request)  
I verify employee has exhausted all annual/sick leave and is unable to receive donated leave within the agency.

☐ Authorization to  
list on Shared  
Leave Registry

☐ (Leave Bank request only)  
I verify employee has exhausted all annual/sick leave and is unable to receive donated leave through any available channels.

Signature of agency verifying official

Date

☐ Approved

☐ Disapproved

Signature of appointing authority

Date

Signature of HCM shared leave liaison (OMES use only)

Date

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

OP-110355  
Attachment P  
(R 05/21)