



**Employee Information**

Employee name	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
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**Agency Verification and Approval**

Agency contact name	Contact email	Phone
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**Employee's leave balance**

Annual hours	as of	Date	Sick hours	as of	Date
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Previous shared leave usage (total hours): \_\_\_\_\_

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|--|---|--|
| <input type="checkbox"/> (Interagency shared leave request)<br>I verify employee has exhausted all annual/sick leave and is unable to receive donated leave within the agency. | <input type="checkbox"/> Authorization to list on Shared Leave Registry | <input type="checkbox"/> (Leave Bank request only)<br>I verify employee has exhausted all annual/sick leave and is unable to receive donated leave through any available channels. |
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Signature of agency verifying official	Date
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- Approved       Disapproved

Signature of appointing authority	Date
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Signature of HCM shared leave liaison (OMES use only)	Date
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Provide a copy of the final approved/disapproved form to employee.