



University of Alaska

Leave Share Donation

| | | | | | |
|--|-----|-------|----|--------------------|--|
| MAU/Major Administrative Unit (circle one) | | | | Check Distribution | |
| UAA | UAF | UAS | SW | | |
| Last Name | | First | | M. | |
| Employee ID | | | | Work Phone | |

For Donor Use Only: This form is to be used only for transfers involving sick leave hours for Leave Share Program participants.

Donated Leave (please complete and forward to your Personnel Office)

Recipient of donated leave hours: _____
Last First M.

Recipient's Department: _____

Number of hours donated (to a maximum of 80 hours per donation form): _____

According to University Regulation, I have donated these hours freely, without coercion or intimidation. I understand that if the leave is used by the recipient, it is irrevocable. If the leave is not needed by the recipient, this form will be returned to me unprocessed.

Donor Signature: _____ Date: _____

Personnel Approval: _____ Date: _____

Regional Payroll Use Only

Leave not needed, request cancelled Donor has insufficient leave balance Donor terminated, unable to use

PHAHOUR (required to adjust leave balances)

History Jobs Block

Donor ID: _____ Name: _____ Org: T _____ Position No.: _____

History Earnings Block

| Pay No. | EC | Hours Transferred | Pay No. | EC | Hours Transferred |
|---------|-----|-------------------|---------|-----|-------------------|
| _____ | 399 | + _____ | _____ | 399 | + _____ |
| _____ | 399 | + _____ | _____ | 399 | + _____ |

Note: The "+" need not be keyed. It is shown for illustration purposes only.

Total Hours Utilized _____

PHAADJT History Jobs Block

Recipient ID: _____ Name: _____ Org: T _____ Position No.: _____

History Earnings Block

| Pay No. | EC | Hours Transferred | Pay No. | EC | Hours Transferred |
|---------|-----|-------------------|---------|-----|-------------------|
| _____ | 399 | - _____ | _____ | 399 | - _____ |
| _____ | 399 | - _____ | _____ | 399 | - _____ |

Note: The "-" must be keyed in order for the leave balance to increase.

Entered by: _____ Date copy returned to Donor: _____