



LANGSTON UNIVERSITY
Leave Sharing Request Form

Date _____

I wish to donate _____ hours of my annual/sick/extended sick leave hours with _____ ;
(Circle one) Name of receiving employee

who has exhausted all or his/her available leave hours due to _____.

This donation will not cause my available leave hour balance (paid or extended sick) to fall below 160 hours. This donation does not involve excess annual or medical leave that I would not be able to otherwise personally use due to retirement, resignation, or termination. I am donating this leave time voluntarily. I have not been coerced, threatened, intimidated, or financially induced into donating paid or extended sick leave to the above named employee.

Printed Name of Donor _____

Signature of Donor _____

LEVELS OF APPROVAL

Donor's Supervisor _____

Donor's Chairman/Director _____

Donor's Dean (if applicable) _____

Donor's Vice President _____

Recipient's Supervisor _____

Recipient's Chairman/Director _____

Recipient's Dean (if applicable) _____

Recipient's Vice President _____

[The Office of Student and Employee Services will submit request to the Office of the President.]

President _____