



Sick Leave Sharing - Master Listing of Current Participants / Employee Release -

The Personnel Cabinet maintains a master listing of employees currently approved to receive sick leave donations through the Sick Leave Sharing (SLS) Program. Inclusion on the listing is voluntary and it only includes the following non-protected health information (PHI): employee name, personnel number (PERNR), and agency name. Employees are listed by cabinet and are added to this listing in the order in which they are received. Only through an agency HR Administrator, is this information shared with employees who are separating or retiring from state government and are seeking opportunities to donate their unused sick leave.

Please complete the sections below, only if you have voluntarily elected to be included on this listing.

SECTION I – To be completed by Employee:

Name: _____ Personnel Number (PERNR): _____
 Cab/Dept Name: _____ Date of SLS Application: _____

By signing below,

- I request to be included on the Sick Leave Sharing Master Listing of Current Participants, which will only be provided through an agency HR Administrator, to their employees choosing to donate unused sick leave upon departure.
- I understand that only my name, personnel number, and the name of my employing agency will be provided on that listing and that no protected health information (PHI) will be shared as a result of this request/release.
- I further understand that recipients of donated leave are selected by the donor and that the donor may select any recipient who is actively participating in the Sick Leave Sharing program. The donor's selection options are not limited to those individuals included on the Sick Leave Sharing Master Listing of Current Participants, but must be directed to specific individuals as this is *not* a sick leave sharing bank/pool.

 Signature of Employee or Representative Date

SECTION II – To be completed by Employee’s agency HR Administrator

I have reviewed the above request/release and confirm that the employee has an approved/current sick leave sharing application on file. I have also confirmed that the employee understands the statements above, as indicated with their signature.

 Signature of Human Resources Administrator Date

NEXT STEPS: Please submit a Business Request to the Personnel Cabinet’s Department of Human Resources Administration. The title should be: *“SLS- Master Listing (Last Name)”* and the *“agency this request concerns”* should be the participating employee’s agency. *The selected options for assistance should be TIME MANAGEMENT, followed by SICK LEAVE SHARING. Include the employee’s PERNR and the employee’s full name. A copy of this completed release must also be attached.*

After submission, please make note of the BR #. It will be needed in the future when requesting to have the employee’s name removed from the listing, once sick leave sharing is no longer needed. [BR#: _____]

