ANNUAL LEAVE SHARING
Application

☐ ORIGINAL REQUEST
☐ AMENDED REQUEST

Name of Recipient:	
Agency Name:	
PERNR:	
Amount of Annual Leave Needed:	

Please provide a reason transferred leave is needed, including a brief description of cause, property lost, and anticipated duration of the leave needed. (If this is an amended request, provide reason for extension.)

Signature of Recipient or Representative	Date
Signature of Supervisor	Date Received

The above named employee has been approved to receive donated annual leave in accordance with the provisions of KRS 18A.203 and 101 KAR 2:106.

Signature of Appointing Authority	Date

The Recipient's Appointing Authority must forward one copy of this form to the Personnel Cabinet, Personnel Administration Branch, 501 High Street, 3rd Floor, Frankfort, Kentucky 40601.

ANNUAL LEAVE SHARING
Donation Form

Name of Donor:	
Agency:	
PERNR:	
Amount of Donation to be credited to Recipient:	

(Eligible Employee shall not receive more than 200 hours per qualifying event. The minimum amount an employee may donate is 7.5 hours.)

Name of Recipient:	
Agency:	
PERNR:	

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by 101 KAR 2:106.

Signature of Donor _____ Date _____

This is to certify that the employee named above has a sufficient annual leave balance to donate the hours indicated under the provisions of 101 KAR 2:106.

Signature of Appointing Authority _____ Date _____

TO BE COMPLETED BY DONOR'S HR ADMINISTRATOR UPON RECEIPT	
The Donor's HR Administrator must forward one copy of this form to the Recipient's HR Administrator and one copy to the Personnel Cabinet, Personnel Administration Branch: 501 High Street, 3rd Floor, Frankfort, KY 40601.	
Agency Name:	
Donor HR Administrator:	
Date:	

TO BE COMPLETED BY RECIPIENT'S HR ADMINISTRATOR UPON RECEIPT	
Recipient's Current Annual Leave Balance= _____ + _____ donation = Recipient's New Annual Leave Balance	
Agency Name:	
Recipient HR Administrator:	
Date:	