## Attachment 1

## UNIVERSITY OF HAWAIN LEAVE SHARING DONATION FORM

Name:					BU Code:	
	Last	First	Middle Ini	tial		
UH Number:		Job Title:				
Department/I	Division:			Work Pho	ne No.:	
I authorize the	e deduction of	hours from r	ny:			
( ) vac	cation leave ba	lance ( ) sick leav	ve balance*			
I further auth	orize that my l	eave credits be don	nated to:			
( ) a s	specific employ	yee,				_
( ) Ce	entral Leave Ba	ank	Recipient's Ful	I Name		
` '						
*Applicable f I understand that balance of at lea	t my donation can st 10 days after su	oyees who only ear anot be returned to me of abtracting the donated I must have a sick lear	once leave credits a leave from my leave	e account. I	f I do not earn	vacation leave,
*Applicable f I understand that balance of at lea may donate sick vacation or sick vacation or sick	t my donation can st 10 days after su leave credits but leave transferred t leave balances re	not be returned to me	once leave credits a leave from my leav ve balance of at lea ligible employee wi	e account. Is st 30 days af Il revert to the program v	f I do not earn fter the donation ne Leave Bank will be forfeite	vacation leave, on is made. Ang a, and any unuse
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