

**KANSAS JUDICIAL BRANCH  
SHARED LEAVE PROGRAM  
Shared Leave Donation Form**

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**PART I - To be completed by employee.**

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Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Judicial District/County \_\_\_\_\_ / \_\_\_\_\_

Work Address \_\_\_\_\_

(City)

(State)

(Zip)

Work Phone \_\_\_\_\_

Donations must be made in full eight-hour increments. Employees donating vacation leave must have at least 80 hours of vacation leave after the donation is made. Employees donating sick leave must have at least 480 hours of sick leave after the donation is made.

Are you currently receiving worker's compensation? \_\_\_\_\_

Please indicate the type and amount of leave to be donated:

Vacation Leave Hours: # hours (in multiples of 8) donated \_\_\_\_\_ to:

\_\_\_\_\_  
(Name if given in request)

\_\_\_\_\_  
(Judicial District/County)

Sick Leave Hours: # hours (in multiples of 8) donated \_\_\_\_\_ to:

\_\_\_\_\_  
(Name if given in request)

\_\_\_\_\_  
(Judicial District/County)

I understand my donation is voluntary and confidential. I understand my leave balance will be decreased by the amount contributed. I understand this donation may affect the payout of sick leave upon retirement or the payout of vacation leave upon any termination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**PART II - To be completed by the administrative authority.**

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Will the above-named employee's vacation leave balance be below 80 hours if the above-mentioned number of vacation leave hours are donated? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the above-named employee's sick leave balance be below 480 hours if the above-mentioned number of sick leave hours are donated? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the donating employee terminating employment? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, retiring or resigning? \_\_\_\_\_

**Shared Leave Donation Form**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID#

I hereby approve \_\_\_\_\_ deny \_\_\_\_\_ donation of leave for the above-named employee.

\_\_\_\_\_  
Administrative Authority Signature

\_\_\_\_\_  
Date

**PART III - To be completed by the Office of Judicial Administration.**

The above-named employee's vacation leave balance has been reduced by \_\_\_\_\_ hours.

The above-named employee's sick leave balance has been reduced by \_\_\_\_\_ hours.

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
Date

**PART IV - To be completed by the Office of Judicial Administration.**

\_\_\_\_\_  
(Receiving employee)

\_\_\_\_\_  
Department Number

\_\_\_\_\_  
Employee ID#

has been credited with \_\_\_\_\_ hours of shared leave.

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
Date