



Request to Receive Shared Leave/Bank Leave Form HCM-33A

Employee Information

Employee Name

PeopleSoft Employee ID

Agency Name

Agency #

Work Location

I request approval to receive donated leave. I certify I am eligible for and require donated leave as authorized by Oklahoma Statutes (74 O.S. § 840-2.23).

Optional: Request leave from Other Agency

- I affirm I have exhausted all annual and sick leave, and was unable to receive donated leave within my agency.

Optional: HCM Online Shared Leave Registry

- I understand my first name, last initial, and agency information will be placed on the Shared Leave Registry.
I understand this information will be available for review by anyone having internet access, including individuals outside of state government, and accept complete responsibility for this request.

Optional: Request leave from Leave Bank

- I affirm I have exhausted all annual and sick leave, and worked with my agency and the Shared Leave Liaison, but was unable to receive donated leave.

Employee Signature

Date

Agency Verification and Approval

Agency Contact Name

Contact Email

Phone

Employee's leave balance

Annual Hours as of Date

Previous shared leave usage (total hours):

(Interagency Shared Leave Request) I verify employee has exhausted all annual/sick leave and was unable to receive donated leave within the agency.

Authorization to list on Shared Leave Registry

Sick Hours as of Date

(Leave Bank Request Only) I verify employee has exhausted all annual/sick leave and was unable to receive donated leave through any available channels.

Signature of Agency Verifying Official

Date

Approved

Disapproved

Signature of Appointing Authority

Date

Signature of Shared Leave Liaison

Date

Provide a copy of the final approved/disapproved form to employee.