



# University of Missouri System Donation to Shared Leave Program

Section I – Donor Information			
<b>Donor Name:</b>		<b>Employee ID#:</b>	
<b>Business Unit:</b>	<input type="checkbox"/> MUHC <input type="checkbox"/> MU <input type="checkbox"/> UMSL <input type="checkbox"/> UMKC <input type="checkbox"/> MS&T <input type="checkbox"/> UMSYS		
<b>Current Vacation Balance</b> (prior to donation):		<b>Hours to be Donated</b> (minimum of 8):	
Section II – Donor Attestation			
<p><b>I request to donate vacation time to Shared Leave Donation Program. By signing below, I certify the following:</b></p> <p><i>This donation is made voluntarily. I was not coerced, intimidated or financially induced into donating vacation hours. I relinquish all rights to the donated vacation time shown above and the benefits accruing or attached to the same. My donated vacation hours are irrevocable and irreversible and no vacation time will be returned to me under any circumstance. I have not received any portion of the donation or any other compensation in exchange for the donated vacation time. Donated time will no longer be my property right and will be deducted from my vacation balance accordingly. I will have a remaining balance of at least 40 hours of accrued vacation after making this donation.</i></p>			
<b>Donor Signature</b>			<b>Date</b>

**Employee Instructions:**

1. Complete sections I & II of this form
2. Submit this form via email to your campus Shared Leave Administrator:
  - MU/Extension/UM System: muhrssharedleave@missouri.edu
  - MUHC: muhcsharedleave@health.missouri.edu
  - UMKC: umkchrsharedleaveadmins@umkc.edu
  - Missouri S&T: sharedleave@mst.edu
  - UMSL: sharedleave@umsl.edu