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## Leave Sharing - Recipient Form

- 1) Read the "Leave Sharing" criteria and procedures under the Vacation Policy to determine whether you meet the qualifications to participate.
- 2) Complete the Donor Form.
- 3) Submit to Supervisor for signature and forward to Chico State Enterprises (CSE) Human Resources Department for final review and approval.
- 4) Retain a copy of the form for your records.

Recipient's Name: \_\_\_\_\_ Recipient's CSE Employee #: \_\_\_\_\_

Recipient's Department: \_\_\_\_\_ Recipient's CSE Email: \_\_\_\_\_

Number of hours are you requesting: \_\_\_\_\_ (maximum of 80 hours during any calendar year)

Briefly state the reason(s) you need leave hours (your own injury/illness, bereavement, injury/illness of family/household member, casualty loss):

I understand my participation in the Leave Sharing program is subject to the provisions outlined in Vacation Policy.

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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**FOR CSE HR DEPARTMENT USE ONLY**

# Hours Approved

Denied/Not Eligible

\_\_\_\_\_  
CSE HR Authorizing Signature

\_\_\_\_\_  
Date

**FOR CSE PAYROLL USE ONLY**

Processed Date: \_\_\_\_\_

Processed By: \_\_\_\_\_