

METROPOLITAN STATE UNIVERSITY *of* DENVER
LEAVE SHARING PROGRAM
Annual Leave Contribution Record
(Please type or print legibly in ink.)

LAST NAME:

FIRST:

EMAIL:

900#:

NUMBER OF HOURS CONTRIBUTED TO CLASSIFIED LEAVE BANK:

NUMBER OF HOURS CONTRIBUTED TO ADMINISTRATIVE LEAVE BANK:

I understand that my contribution is voluntary and confidential. I understand that there is no minimum contribution amount, however, a minimum of one day (8 hours) of contributed accrued annual leave is required before an employee may apply for leave bank hours, and that my annual leave balance will be decreased by the amount contributed. I certify that my contribution will not result in a negative leave balance.

CONTRIBUTING EMPLOYEE'S SIGNATURE:

DATE:

SUPERVISOR'S ACKNOWLEDGEMENT OF LEAVE CONTRIBUTION

SUPERVISOR'S SIGNATURE:

DATE: