

**Government of Guam
Leave Sharing Program**

S U M M A R Y

- **ELIGIBLE REASONS:**
 - **MEDICAL EMERGENCY**
 - The employee, or a member of his family suffers from a medically certified incapacitation due to illness, injury, impairment, or physical or mental condition which has caused, or is likely to cause, the employee to go on leave for at least ten(10) consecutive work days.
 - **PERSONAL**
 - Minimum of five(5) consecutive work days
 - Case-by-case basis (see Appendix G.F)
 - Final approval and/or disapproval via Director of Administration
 - **MILITARY Reserves or National Guard call to active duty in excess of fifteen (15) working days**
- **Recipient must first exhaust all of his accrued annual and sick leave and compensatory time for purposes of a medical emergency or personal reasons**
- **Voluntary Transfer of Sick Leave or Annual Leave**
 - Leave transferred from donors whose hourly rates of pay or salaries are LOWER than the recipient shall be paid at the hourly rate or salary of the DONOR
 - Leave transferred from donors whose hourly rates of pay or salaries are HIGHER than the recipient shall be paid at the hourly rate or salary of the RECIPIENT
- **A formal written request shall be made by the DONOR employee to that person's (their) payroll supervisor, stating the name of the recipient, the number of hours of leave to be transferred and the type of leave**
 - NO transfer may be made by any employee to that person's supervisor, or to any person above that employee in the supervisory chain or to a member of the supervisor's or such supervisory person's immediate family
 - If sufficient leave hours, the payroll supervisor shall notify the Payroll Division to transfer the approved hours to the recipient
 - Upon receipt of the notice of transfer, the receiving employee may then submit a leave request and the UOG President shall approve the leave
- **NO LEAVE is to be transferred to another employee if intent is to use for credit towards retirement or accumulated leave.** Leave transfers are strictly on a voluntary basis. Leave transferred shall be used as leave by the person to whom it is transferred...if not used in entirety, it will be re-transferred to the person who originally earned it. NO LEAVE transferred may be converted to cash or to RETIREMENT credit by the person to whom it is transferred (that is, while on leave sharing, the recipient does not earn retirement credit)

- **Maximum of 1,680 hours (210 days):** 90 days for 1st request; 90 days for 2nd request; and possible 30 days for 3rd request; see Guam Code Annotated Chapter 4 §4109.2 Leave Sharing Program

- **PARTICIPATION**
 - Shall NOT exceed ninety (90) working days (720 hours)
 - Require a certification from the attending medical doctor that the recipient of the leave needs additional time for medical treatment or recovery from a medical illness and is physically unable to return to work due to medical illness
 - An additional ninety (90) working days may be granted upon similar certification from the attending medical doctor made within two (2) weeks of the first ninety (90) working days (1,440 hours)
 - A final thirty (30) working days may be granted upon additional certification from the attending medical doctor that additional time is needed for recovery (1,680 hours MAXIMUM)

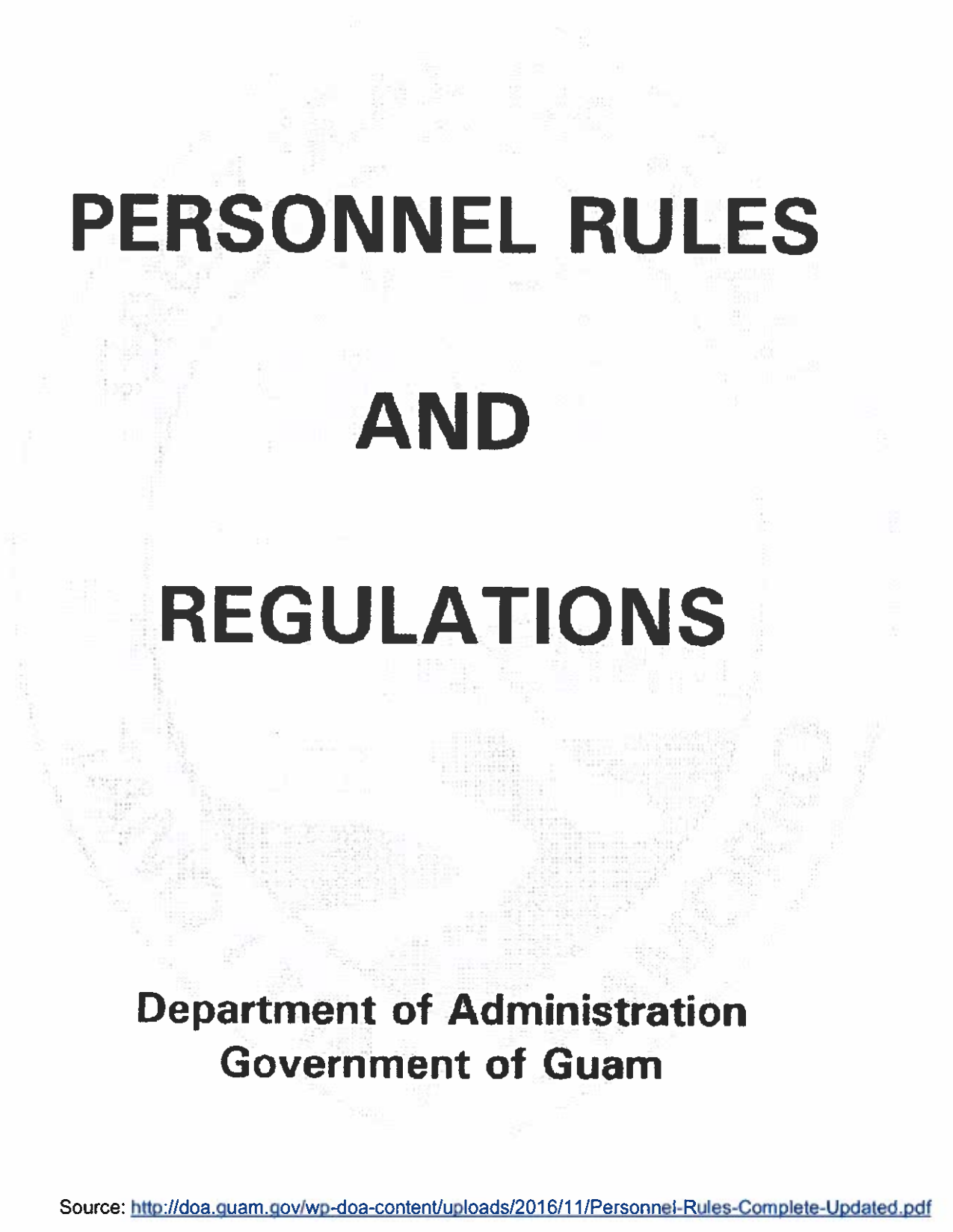
- **NO TRANSFER may be made of unused annual leave or sick leave to another employee in exchange for any money, favors, or items of value.** One who transfers or receives of Annual Leave or Sick Leave in violation of this provision is guilty of official misconduct pursuant to Title 9 GCA § 49.90

- **GovGuam Leave Sharing Program is applicable to classified, appointed, elected, and unclassified positions, and all branches of GovGuam**

- **Sick Leave with pay is ALLOWED when the employee is compelled to be absent from duty:**
 - On account of a physical or mental illness; injury; mental health examination, counseling, or treatment; pregnancy; childbirth; medical, dental, or optical examination or treatment; or because of quarantine due to his own or another's illness
 - To provide health care for a member of the employee's immediate family as a result of serious illness or injury and the employee has exhausted all annual leave and compensatory time available. Serious illness or injury means an urgent condition that is certified by the attending physician as requiring hospitalization, institutionalization, or extended home care in which the person needs the constant administration of special medical care or support.

- ALL **approved** and **disapproved** leave-sharing requests effective 10/1/2007 for **medical emergency reasons** shall be forwarded to the Department of Administration, Human Resources Division for compliance review purposes.

Note: This summary is not intended to be exhaustive. The employee must refer to 4 Guam Code Annotated Chapter 4 §4109.2 Leave Sharing Program and must submit requests on a timely basis.



PERSONNEL RULES AND REGULATIONS

**Department of Administration
Government of Guam**

LEAVE SHARING PROCEDURES

PURPOSE

The purpose of the Leave Sharing Program is to provide assistance to employees who need to take extended period of absence from their employment for personal reasons as defined in this procedure. Absence must be for a minimum of 10 consecutive work days for medical emergency, and a minimum of five consecutive work days for other personal reasons.

STATEMENT OF POLICY

It is the policy of the government of Guam to provide assistance to employees, who need to be absent from their jobs for personal reasons, as defined in this procedure, but have exhausted their earned leave accrual. Through the generosity of other employees, annual or sick leave may be donated to those employees with legitimate needs for extended absence from work, as determined by their appointing authorities and/or the Director of Administration.

A. GLOSSARY

1. **EMPLOYEE.** A person currently employed by the government of Guam and who is entitled to leave accrual.
2. **FAMILY MEMBER.** Spouse, including a so-called "common law" spouse if such spouse is 18 years old or over, and has cohabited with the employee for at least the last two consecutive years immediately preceding the request for leave donation. Other recognized family members include children and adopted children and their spouses, grandchildren and adopted grandchildren, parents and parents-in-law, in loco parentis, grandparents, brothers and sisters.
3. **LEAVE DONOR.** An employee whose voluntary written request for transfer of leave to a leave recipient is certified and approved by his agency payroll supervisor.
4. **LEAVE RECIPIENT.** A current employee for whom the employing agency has approved an application for extended absence from his employment, and is

certified to be eligible to receive leave donated by another employee of the government of Guam.

5. **PERSONAL REASONS.** For the purpose of this procedure, "personal reasons is defined as those defined in "medical emergency" below, adoption of a child, divorce and separation, loss of a family member, cosmetic and voluntary surgery, child care, legal commitments, education, care for family member, who is elderly or has a mental or physical disability, and other reasons as determined by the Director of Administration.
6. **MEDICAL EMERGENCY.** A medical condition of an employee or a family member that is likely to require an employee's absence from duty for a prolonged period of time, and to result in a substantial loss of income to the employee because of unavailability of paid leave.
7. **ANNUAL LEAVE.** For purposes of the Leave Sharing Program, an employee may request annual leave to care for a sick family member and for other personal reasons authorized by this procedure. An employee may also opt to use annual leave in lieu of sick leave for absence, because of his illness and other authorized use of sick leave.
8. **SICK LEAVE.** Leave which is authorized for the employee who is incapacitated to perform regular duties or available light duty, due to illness or injury; medical treatment; complications due to pregnancy; childbirth; or when the employee's presence on the job will jeopardize the health of others because of exposure to a contagious disease (requires a quarantine by medical authority).
9. **IN LOCO PARENTIS.** Refers to the situation of an individual who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

B. ELIGIBILITY

1. **LEAVE RECIPIENT.** Any employee of the government of Guam, who meets the definition of family member and the intent and purpose of the Leave Sharing Program, who has used his appropriate accrual leave (annual, sick, and/or compensatory time off [CTO]), e.g. if employee is requesting sick leave, his sick leave should be used first; if employee is requesting annual leave, his annual leave should be used first before receiving leave donated by another employee. To be eligible for leave donation, the leave recipient shall be absent 10 consecutive work days or more for the medical emergency reasons, and five consecutive work days or more for other personal reasons, and must meet the criteria for annual or sick leave approval as defined in Chapter 8.

2. **LEAVE DONOR.** An employee of any branch of the government of Guam who has accumulated annual or sick leave in excess of one pay period, is eligible, to donate leave to another employee in any department or agency. Type of leave donated must meet the criteria for annual or sick leave defined above.

C. VOLUNTARY TRANSFER OF LEAVE

An active employee who has accrued leave balance in excess of one pay period may submit a formal written request to his payroll supervisor to make available for transfer, annual or sick leave of a minimum of eight hours at any one time, to another named employee authorized to receive leave under this procedure. The employee donating the leave may not request a transfer of an amount of annual or sick leave that would result in reducing his sick or annual leave balance to less than one pay period.

D. RECEIPT OF SICK/ANNUAL LEAVE

The leave recipient must use his respective personal accrued leave or earned CTO before he may be eligible to use the leave donated by another employee.

E. CONDITIONS FOR APPROVAL OF LEAVE TRANSFER FOR MEDICAL EMERGENCY

An appointing authority may permit an employee of the agency to receive donated leave based on the provisions of this procedure. The Director of Administration will conduct periodic audits on all donated leave transactions processed and approved by agency/department directors, and will repeal and take corrective actions on those approved actions which are not in compliance with this procedure. Employees found to have abused or committed fraudulent acts relative to the use of donated leave, shall be required to pay back the government for the full amount of his salary paid, as a result of the use of the donated leave. Appointing authorities may approve requests for donated leave subject to the following conditions:

1. The employee, or a member of his family suffers from a medically certified incapacitation due to illness, injury, impairment, or physical or mental condition which has caused, or is likely to cause, the employee to go on leave for at least 10 consecutive work days. An employee who is medically certified to be incapacitated for duty shall use sick leave, and at his option, use a combination of annual leave and/or CTO earned to his credit. However, an employee who needs to care for a family member shall use his annual leave and/or CTO earned and donated annual leave, but not sick leave.

2. The employee's need to be absent from work is certified by a licensed practicing physician.
3. The employee has to exhaust the type of leave, i.e., sick or annual, he is requesting, before the donated leave is used. An employee who is on sick leave status may opt to use annual leave, but should not be required to use annual leave.

Therefore, when the employee's sick leave has been exhausted, the employee may use his annual leave or use donated sick leave, but will not be required to exhaust annual and CTO earned. Similarly, an employee should not have to exhaust his sick leave in order to be eligible for donated annual leave for absence of a personal nature during the duration of the absence.

4. The employee has complied with the agency's policy concerning the request and approval of sick leave, annual leave or CTO.

F. CONDITIONS FOR APPROVAL OF LEAVE TRANSFER FOR OTHER PERSONAL REASONS

The appointing authority may submit a request for leave transfer, for reasons other than "medical emergency," for an employee in his agency to the Director of Administration for final approval. The Director of Administration will review and process all requests for donated leave, for non-medical reasons, on a case-by-case basis. The following are some of the more common non-medical reasons which employees may use to justify requests for a donated leave. However, these reasons do not, in and of themselves, become an authorization for personal reasons.

1. Adoption of a child, or to place a child up for adoption.
2. The employee is undergoing divorce or separation proceedings.
3. Loss of a family member.
4. Cosmetic and voluntary surgery.
5. Child care.
6. Legal commitments.
7. Education.
8. To care for an elderly or physically/mentally disabled member of the family.

G. PROCEDURES

It is the responsibility of the employee requesting for donated leave to obtain proper leave authorization from his supervisor and the department/agency head. The approved Leave Application Form (FCN 2-0-1), must be accompanied by the attached request for leave transfer forms (medical emergency and other personal reasons), endorsed by the donating employee, payroll supervisor and the appointing authority. The following officials are authorized to give final approval for leave transfer requests based on personal reasons:

1. Appointing authority of the recipient employee may approve all requests for medical emergency, subject to audit and repeal by the Director of Administration upon finding of non-compliance to established policy and procedures.
2. The Director of Administration has the final approval authority for all leave transfer requests submitted by the appointing authority of the recipient employee for all other personal reasons authorized by this procedure.
3. The payroll supervisor of both donor and recipient must ensure appropriate action is taken to accommodate the request in a timely manner.

All salary payments made to an employee while on leave transferred under this procedure shall be made by the agency/department employing the person receiving the leave. The leave recipient will continue to accrue annual and sick leave for as long as he is on a pay status.

Any leave transferred under this procedure for a specific request which remains unused, shall be returned to the leave donor. Any employee, who needs additional time off for reasons authorized by this procedure, may submit a new request for leave donation. All approved requests for leave transfers will be used for one time only.

H. LIMITATIONS

Transfers of leave are subject to the following restrictions:

1. No transfer may be made by any employee to his or her supervisor or to any person above him or her in the supervisory chain, or to a member of the supervisor's or such supervisory person's immediate family.
2. Leave may not be transferred to another employee if, as leave recipient, he intends to use it for credit towards retirement or accumulated leave.

3. Donated leave shall not be converted to cash or retirement credit by the leave recipient.
4. Annual or sick leave donated by an employee is understood to be a donation and shall not be sold or loaned to the recipient.
5. No employee shall directly or indirectly intimidate, threaten, coerce, or attempt to intimidate, threaten, or coerce any other employee for the purpose of interfering with the employee's right to voluntarily contribute leave when authorized under this procedure. For the purpose of this procedure, "intimidate, threaten, or coerce" shall include, without being limited to, the promise to confer or the conferring of any benefit or effecting or threatening to effect any reprisal.



Felix P. Camacho
Governor
Michael W. Cruz, M.D.
Lieutenant Governor

GOVERNMENT OF GUAM
(GUBETNAMENTON GUAHAN)

DEPARTMENT OF ADMINISTRATION
(DIPATTAMENTON ATMENESTRASION)

DIRECTOR'S OFFICE
(Ufisinan Direktot)

Post Office Box 884 * Hagåtña, Guam 96932
TEL: (671) 475-1101/1250 * FAX: (671) 477-6788



Lourdes M. Perez
Director
Joseph C. Manibusan
Deputy Director

NOV 28 2007

Department of Administration Organizational Circular No. 08-006

To: All Department and Agency Heads
From: Director, Department of Administration
Subject: Amended Provisions
RE: Leave Sharing Procedures

Buenas yan Hafa Adail This circular has reference to the amendments made to §4109.2 (b) Voluntary Transfer of Sick Leave or Annual Leave pursuant to Section 96, Chapter VI Miscellaneous Provisions of Public Law 29-19 effective October 1, 2007. Please be advised of the following changes as numbered:

- 1) If a government of Guam employee desires to transfer a number of hours of earned sick leave or annual leave to another employee in any department or agency of the government, the recipient must first exhaust all accrued annual and sick leave, and compensatory time for the purposes of a medical emergency or for personal reasons. However, in applying donated sick leave, please be aware of the provisions of §4108(c) 1 & 2, which identifies when sick leave with pay is allowed. As a result, the voluntary transfer of sick leave for other than its intended purposes is prohibited.

4108(c) 1 provides:

The employee is compelled to be absent from duty on account of physical or mental illness; injury; mental health examination, counseling or treatment; pregnancy; childbirth; medical, dental or optical examination or treatment; or because of quarantine due to his own or another's illness.

4108(c) 2 provides:

The employee is compelled to be absent from duty to provide health care for a member of the employee's immediate family as a result of serious illness or injury and the employee has exhausted all annual leave and compensatory time available. Serious illness or injury means an urgent condition that is certified by the attending physician as requiring hospitalization, institutionalization, or extended home care in which the person needs the constant administration of special medical care or support.

- 2) Leave transferred from *donors* whose *hourly rates of pay* or *salaries* are *lower* than the *recipient* shall be paid at the *hourly rate* or *salary* of the *donor*.

Leave transferred from *donors* whose *hourly rates of pay* or *salaries* are *higher* than the *recipient*, shall be paid at the *hourly rate* or *salary* of the *recipient*.

The extent of the above provision will be applied based in the following manner and where applicable:

Recipient's hourly rate is \$21.18. The Donor's hourly rate is \$16.55. The number of donated leave hours is 50. The 50 hours of leave donated will be paid out at the donor's hourly rate of \$16.55 pursuant to the amended provisions of §4109.2 (b).

Recipient's hourly rate is \$16.55. The Donor's hourly rate is \$21.18. The number of donated leave hours is 50. The 50 hours of leave donated will be paid out at the recipient's hourly rate of \$16.55 pursuant to the amended provisions of §4109.2 (b).

- 3) Participation in the leave-sharing program *shall not exceed* ninety (90) working days. (Previous provision provided "*shall not exceeding...*")

Based on the changes made to §4109.2(b), please use the attached amended leave sharing request forms.

Effective immediately, to ensure compliance of the Leave Sharing Program requirements, pursuant to PL 29-19, all approved and disapproved leave-sharing requests effective October 1, 2007 and thereafter for medical emergency reasons shall be forwarded to the Human Resources Division for compliance review purposes.

Should you have any questions, please contact our Employee Management Relations Branch of the Human Resources Division at 475-1249 or 475-1288. Si Yu'os Ma'ase.


LOURDES M. PEREZ

Attachments



Government of Guam
University of Guam

INSTRUCTIONS FOR COMPLETING FORM
SICK/ANNUAL LEAVE DONATION REQUEST FOR MEDICAL EMERGENCY REASONS

1. Enter the employee names, the Recipient first and then the Donor.
2. Enter the Social Security Numbers for both employees.
3. Enter the Class Title (position titles) of the employees and the associated Pay Grade/Step for each.
4. Enter each employee's Hourly Rate and Salary.
5. Enter each employee's Agency/Department and Division.
6. Enter the dates (From- To) for which the Donated Leave Period is to be used.

NOTE: These dates must not be for a prior period of time as the request must be approved before leave can be taken. Also, enter the Total Hours to be used during this period of time (identify hours of leave [sick and/or annual leave] donated).

7. Explain the appropriate medical emergency reason (employee or employee's immediate family member) for which this leave will be used. The Recipient employee must sign and date the form.
8. To receive leave, the requesting employee (Recipient) must obtain certification from his/her agency/department Chief Payroll Officer/Authorized Designee on his/her leave account and total donated leave sharing approved and paid to date in accordance with the Leave Sharing Program.
9. To donating employee (Donor) must certify this request by signing, dating and indicating total leave (sick and/or annual leave) hours donating on the form. In addition, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of leave to be donated in the Donor's leave account.

INSTRUCTION FOR RECIPIENT ON THE REQUIRED DOCUMENTATION

- A. The Recipient shall attach a copy of the medical certification by a licensed practicing physician. (Employee or employee's immediate family member [certification must identify immediate family member's medical condition, relationship to employee and timeframe or time period]).
 - B. Attach a copy of the approved Request for Leave (Form FCN 2-0-1). Note: Absence must be for a minimum of ten (10) consecutive workdays for medical emergency reasons. To donate leave hours, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of leave hours to be donated.
10. Recipient's Appointing Authority's printed name, position title and signature.



UOG LS#: _____

SICK/ANNUAL LEAVE DONATION REQUEST FOR MEDICAL EMERGENCY REASONS

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE/ PAY GRADE/ STEP		
4. HOURLY RATE/ SALARY		
5. AGENCY/ DIVISION		

6. Donated Leave Period From: _____ to _____ Total _____ Sick Leave
Hours: _____ Annual Leave

7. Explanation of Illness/Injury: _____

I hereby certify that I have secured permission from my agency to use donated sick and/or annual leave pursuant to the leave sharing procedures. This request is due to the above referenced illness/injury and will be used during the dates listed above in order to continue my compensation. I understand that my own accrued leave will be exhausted first before receiving the donated leave.

Certification of Leave: _____ Date: _____

Recipient's Signature

8. CERTIFICATION FROM LEAVE RECIPIENT'S PAYROLL SUPERVISOR:

I certify that the employee requesting for donated leave has accrued the following hours to his/her leave account.

- ANNUAL LEAVE Balance: _____ PPE: _____
- SICK LEAVE Balance: _____ PPE: _____
- COMPENSATORY TIME Balance: _____ PPE: _____
- Other: Balance: _____ PPE: _____

Payroll Supervisor/Authorized Designee: _____ Date: _____

9. CERTIFICATION FROM LEAVE DONOR:

A. I hereby certify that I am voluntarily donating the leave hours on item 6 above and request that my Payroll Supervisor transfer the above listed hours of my sick and/or annual leave to the Leave Recipient listed above. I understand that a minimum of one pay period of balance will be retained in my leave account for my personal used.

Leave Donor's Signature: _____ Date: _____

B. I hereby certify that the donor has accrued the amount of leave to be donated in addition to required one pay period leave which must remain in the donor's leave account.

- ANNUAL LEAVE Balance: _____ PPE: _____
- SICK LEAVE Balance: _____ PPE: _____

Payroll Supervisor's Signature: _____ Date: _____

10. I hereby certify for the Recipient Agency listed above that this request meets the guidelines for donating sick and/or annual leave pursuant to the leave sharing procedures. I authorize my agency to add the total hours donated above to the recipient employee listed.

APPROVED **DISAPPROVED**

President, University of Guam: **THOMAS W. KRISE** _____ Date: _____



Government of Guam
University of Guam

INSTRUCTIONS FOR COMPLETING FORM
ANNUAL LEAVE DONATION REQUEST FOR PERSONAL REASONS

1. Enter the employee names, the Recipient first and then the Donor.
2. Enter the Social Security Numbers for both employees.
3. Enter the Class Title (position titles) of the employees and the associated Pay Grade/Step for each.
4. Enter each employee's Hourly Rate and Salary.
5. Enter each employee's Agency/Department and Division.
6. Enter the dates (From – To) for which the donated leave hours are to be used.
NOTE: These dates must not be for a prior period of time as the request must be approved before leave can be taken. Also, enter the Total Hours to be used during this period of time (hours of leave donated).
7. Explain the appropriate personal reason (reasons authorized by leave sharing procedures) for which this leave will be used. The Recipient employee must sign and date the form.
8. To receive leave, the requesting employee (Recipient) must obtain certification from his/her agency/department Chief Payroll Officer/Authorized Designee, total donated leave sharing approved and paid to date and the approval of the Appointing Authority indicating the request meets all guidelines and is approved for acceptance of the donated leave hours.
9. The donating employee (Donor) must certify this request by signing and dating the form.

To donate annual leave hours, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of annual leave hours to be donated.
10. Final approval for donated leave requests for personal reasons (other than medical emergency reasons) is the Director of Administration. Upon approval/disapproval of the request, the original and copy will be forwarded to the respective Recipient and Donor's Chief Payroll Officer/Authorized Designee, and the respective Appointing Authorities /Timekeepers of both employees.
11. The Recipient shall attach some form of proof, e.g. notarized affidavit or other certification to prove validity of request for a minimum period of five (5) consecutive workdays.
12. Attach a copy of the approved Request for Leave (Form FCN 2-0-1 – Government of Guam Leave Form).

NOTE: Absence must be for a minimum of five (5) consecutive workdays for personal reasons.



Government of Guam
University of Guam

UOG LS#: _____

ANNUAL LEAVE DONATION REQUEST FOR PERSONAL REASONS

Table with 3 columns: LEAVE RECIPIENT, LEAVE DONOR, and 5 rows for employee information: 1. EMPLOYEE NAME, 2. SOCIAL SECURITY NO., 3. CLASS TITLE/ PAY GRADE/ STEP, 4. HOURLY RATE/SALARY, 5. AGENCY/DIVISION

6. Donated Leave Period From: _____ to _____ Total Hours: _____ AL
7. Authorized Personal Reason(s): _____

I hereby certify that I have secured permission from my agency to use donated annual leave pursuant to the leave sharing procedures. This request is due to the above referenced personal reason(s) and will be used during the dates listed above in order to continue my compensation because my own accrued leave will be exhausted first before receiving the donated leave above.

Certification of Leave: _____ Date: _____
Recipient's Signature

8. CERTIFICATION FROM LEAVE RECIPIENT'S CHIEF PAYROLL OFFICER

A. I certify that the employee requesting for donated leave has accrued the following hours to his/her leave account.

- ANNUAL LEAVE Balance: PPE:
SICK LEAVE Balance: PPE:
COMPENSATORY TIME Balance: PPE:
Other: Balance: PPE:

Chief Payroll Officer/Authorized Designee: _____ Date: _____

B. I hereby certify for the Recipient Agency listed above that this request meets the guidelines for donating annual leave pursuant to the leave sharing procedures. I authorize my agency to add the total hours donated above to the Recipient Employee listed.

Recipient's Appointing Authority: THOMAS W. KRISE, PRESIDENT Date: _____
(Please Print Name, Title & Signature)

9. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating the leave hours on item 6 above and request that my Chief Payroll Officer transfer the above listed hours of my annual leave to the Leave Recipient listed above.

Leave Donor's Signature: _____ Date: _____

B. I hereby certify that the donor has accrued the amount of leave to be donated.

- ANNUAL LEAVE Balance: PPE:

Chief Payroll Officer/Authorized Designee: _____ Date: _____

10. [] APPROVED [] DISAPPROVED

Director, Department of Administration: _____ Date: _____
(Please Print Name, Title & Signature)



AFFIDAVIT

THIS IS TO CERTIFY THAT, FOR THE PURPOSE OF RECEIVING DONATED LEAVE FOR A PERSONAL REASON, I AM INVOLVED IN ONE OF THE APPROVED REASONS FOR DONATED LEAVE LISTED BELOW: (Check One)

- 1. Adopting a child or placing a child up for adoption.
- 2. Undergoing divorce or separation proceedings.
- 3. Death of a family member:
Name of Deceased: _____
Relationship to Employee: _____ Date of Death: _____
- 4. Undergo Cosmetic and/or voluntary surgery.
- 5. Temporary care of child or children until permanent child care arrangements can be made.
(Child's Name & Age)
- 6. Take care of legal commitments.
- 7. Return to school, take additional training and other educational programs.
- 8. Temporary care of an elderly or physically/mentally disabled member of the family.
Name of Family Member: _____
Relationship to Employee: _____ Date of Birth: _____
- 9. OTHER: (Specify) _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT AND THAT NO COMPENSATION, FAVORS, OR ITEMS OF VALUE WERE GIVEN IN EXCHANGE FOR THE USE OF DONATED LEAVE.

	EMPLOYEE'S SIGNATURE	DATE
GUAM)) CITY OF AGANA)	ss	

On this _____ day of _____, before me, a Notary Public in and for Guam, personally appeared _____, and he/she acknowledged to me that he/she executed the foregoing instrument, as his/her voluntary act and deed for the purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

<SEAL>

NOTARY PUBLIC
My Commission Expires:

FILE COPY

Revised 9/20/2018

UNIVERSITY OF GUAM LEAVE SHARING APPLICATION

PPE: ___/___/___ [] hours

PPE: ___/___/___ [] hours

NAME (First, Middle, Last)	COLLEGE / UNIT	DATE
----------------------------	----------------	------

TYPE OF LEAVE REQUESTED [] Sick [] Annual [] Administrative [] Maternity [] Parental [] LWOP
 [] Jury [] Military [] Bereavement [] Paternity [] **LEAVE SHARING**

PAY STATUS [Calculates Automatically] Number of Hours with Pay: Without Pay: Total Number of Hours:

FROM (Hour, Month, Day, Year) TO (Hour, Month, Day, Year)

REASON

NOTE: For rules and regulations pertaining to absence from duty, refer to the appropriate personnel policies: (1) Government of Guam Civil Service Personnel Rules and Regulations (classified employees), and (2) University of Guam Personnel Rules and Regulations (academichon-classified employees).

DOCTOR'S SICK LEAVE CERTIFICATION

I certify that the above-named person was under my professional care or quarantined during the period stated below.

FROM (Month, Day, Year) TO (Month, Day, Year) HOSPITALIZED: YES NO

REMARKS (State limitations, if any)

NAME OF PHYSICIAN (Print or type) SIGNATURE OF PHYSICIAN

APPLICATION OF PREPAYMENT OF LEAVE

FROM (Month, Day, Year) TO (Month, Day, Year) TOTAL HOURS PREPAID

I certify all statements made herein are true and correct. SIGNATURE OF EMPLOYEE DATE

APPROVED DISAPPROVED NAME OF CHAIR/SUPERVISOR SIGNATURE DATE

APPROVED DISAPPROVED THOMAS W. KRISE, PRESIDENT SIGNATURE DATE

PAYROLL COPY

Revised 9/20/2018

UNIVERSITY OF GUAM LEAVE SHARING APPLICATION

PPE: ___/___/___ [] hours

PPE: ___/___/___ [] hours

NAME (First, Middle, Last)	COLLEGE / UNIT	DATE
----------------------------	----------------	------

TYPE OF LEAVE REQUESTED [] Sick [] Annual [] Administrative [] Maternity [] Parental [] LWOP
 [] Jury [] Military [] Bereavement [] Paternity [] **LEAVE SHARING**

PAY STATUS [Calculates Automatically] Number of Hours with Pay: Without Pay: Total Number of Hours:

FROM (Hour, Month, Day, Year) TO (Hour, Month, Day, Year)

REASON

NOTE: For rules and regulations pertaining to absence from duty, refer to the appropriate personnel policies: (1) Government of Guam Civil Service Personnel Rules and Regulations (classified employees), and (2) University of Guam Personnel Rules and Regulations (academichon-classified employees).

DOCTOR'S SICK LEAVE CERTIFICATION

I certify that the above-named person was under my professional care or quarantined during the period stated below.

FROM (Month, Day, Year) TO (Month, Day, Year) HOSPITALIZED: YES NO

REMARKS (State limitations, if any)

NAME OF PHYSICIAN (Print or type) SIGNATURE OF PHYSICIAN

APPLICATION OF PREPAYMENT OF LEAVE

FROM (Month, Day, Year) TO (Month, Day, Year) TOTAL HOURS PREPAID

I certify all statements made herein are true and correct. SIGNATURE OF EMPLOYEE DATE

APPROVED DISAPPROVED NAME OF CHAIR/SUPERVISOR SIGNATURE DATE

APPROVED DISAPPROVED THOMAS W. KRISE, PRESIDENT SIGNATURE DATE

