

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

LAST NAME: FIRST: M.I.:

WORK ADDRESS:

WORK PHONE NUMBER:

900#: JOB CLASS TITLE:

DEPARTMENT:

FULL-TIME: PART-TIME: \_\_\_\_\_%

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:

**FOR HUMAN RESOURCE DEPARTMENT USE ONLY**

HUMAN RESOURCE SIGNATURE:

DATE:

LEAVE RECORD UPDATED

THANK YOU NOTE SENT