

YAP STATE GOVERNMENT
OFFICE OF THE ADMINISTRATIVE SERVICES
DIVISION OF PERSONNEL

YP-PERS-003A
(Revised: 09/23/2016)

SHARING OF LEAVE REPORT

Date: _____

TO: Chief of Personnel
Office of the Administrative Services

FROM: _____ **S.S. #** _____

DEPT. /AGENCY: _____

SUBJECT: Sharing of Leave Report

This is to inform you that I have returned to work on _____ using
Date
medical leaves from _____ to _____.
Date Date

I have used: all my donated leave hours.

only _____ hours and my remaining donated leave balance is _____.

Should you have any question please let me know. Thank you.

Signature of Donee

Date