

YAP STATE GOVERNMENT  
OFFICE OF THE ADMINISTRATIVE SERVICES  
DIVISION OF PERSONNEL

YP-PERS-003  
(Revised: 10/10/2015)

**SHARING OF LEAVE APPLICATION**

APPLICANT:

\_\_\_\_\_  
NAME OF APPLICANT/PRINT                      SOCIAL SECURITY #                      POSITION/TITLE

\_\_\_\_\_  
DEPT/SECTION                      SICK LEAVE BALANCE

I HERE BY APPLY FOR                      HOURS OF SICK LEAVE

FORM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE                      TIME                      DATE                      TIME

\_\_\_\_\_  
SIGNATURE OF APPLICANT                      DATE

\_\_\_\_\_  
AUTHORIZED BY: SUPERVISOR OF APPLICANT                      DATE:

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LEAVE DONOR:

\_\_\_\_\_  
NAME OF DONOR/PRINT                      SOCIAL SECURITY #                      POSITION/TITLE

\_\_\_\_\_  
DEPT/SECTION                      SICK LEAVE BALANCE                      ANNUAL LEAVE BALANCE

I hereby authorize: \_\_\_\_\_ to use  
Name of Applicant

ANNUAL LEAVE:                      HOURS                      SICK LEAVE:                      HOURS

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE:                      TIME:                      DATE:                      TIME:

\_\_\_\_\_  
AUTHORIZED BY: SIGNATURE OF DONOR                      DATE:

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(  )                      APPROVED                      \_\_\_\_\_  
(  )                      DISAPPROVED                      Chief of Personnel                      Date

Comments (if any):

\_\_\_\_\_  
\_\_\_\_\_