MAUI WILDFIRES LEAVE SHARE PROGRAM APPLICATION

DEPARTMENT OF EDUCATION
Office of Talent Management (OTM)
Employee Records and Transactions Section (ERTS)
P.O. Box 2360 Honolulu, HI 96804
Updated 06/05/2024

I. EMPLOYEE INFORMATION

Name: _____ Employee ID: _____
Last First M.I.

Mailing Address: _____ City: _____ State: ____ Zip: _____

Tel#: _____ Position: _____ School/Office: _____

II. CERTIFICATION OF ELIGIBILITY AND APPLICATION FOR APPROVAL TO RECEIVE MAUI WILDFIRES LEAVE SHARE PROGRAM DONATIONS

I certify and have so indicated below that I meet each of the following conditions to be an eligible Maui Wildfires Leave Share Program recipient. I understand I may receive up to ten (10) days of donated leave.

	Employee Initials		Verifying Supervisor's Initials
1	☐	Employee lost, or suffered severe damage to, their primary place of residence due to the Maui wildfires.	☐
2	☐	Salaried employee.	☐
3	☐	Active paid employee status.	☐
4	☐	Use is limited to Maui wildfire related needs (e.g., repairs/reconstruction, insurance-related, non-availability of usual childcare, etc.).	☐

_____ _____
Signature of employee or representative Date MM/DD/YYYY

III. PRINCIPAL/ADMINISTRATOR REVIEW

I verify the above employee statements to be true and correct to the best of my knowledge.

_____ _____
Print Name of Principal/Administrator Print name of School/Office Contact (e.g. SASA/Secretary)

_____ _____
Principal/Administrator Signature: Date MM/DD/YYYY