

# SHARED LEAVE DONATION

**INSTRUCTIONS: Please Type or Print Clearly and Forward to the HR Operations Office that serves your unit. For HR Operations addresses, see last page.** (Medical Center staff must route the completed form along with a complete copy of requesting employee's current Form 220, Official Record of Hours Worked, Leave and Overtime.)

**Donor employee completes Section I; department completes Section II; HR Operations office completes Section III**

**SECTION I – DONOR (COMPLETE THIS SECTION AND FORWARD THE COMPLETED FORM TO YOUR DEPARTMENT ADMINISTRATOR FOR APPROVAL)**

Receiving Employee Last Name:	Receiving Employee First Name:	Middle Initial:	UW Dept., WA State Agency, or School District Where receiving employee works:
Donor Employee Last Name:	First Name:	Middle:	
Donor UW ID Number: - -	Donor Anniversary Date: / /	Donor Department:	
Donor Work Phone:	Donor Email:	Donor Monthly Salary:	

I voluntarily donate the following total leave hours to the employee designated above and request departmental approval. I understand that these donated leave hours will be deducted from my current, appropriate leave balance(s) and that any shared leave not used by the receiving employee will be restored to me on a pro rata basis.

**Total Leave Hours Donated:** \_\_\_\_\_ Hours (must be the same as "Total Hours Donated" Box below)

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

ANNUAL LEAVE	DONOR COMPLETES	LEAVE RECORDER COMPLETES	
<b>DONOR EMPLOYEE:</b> Complete this section to donate <b>annual leave</b> hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate vacation hours which would reduce the balance to less than eighty (80) hours for full time employment; prorated for part time employment. Also, you may not donate any excess vacation hours above the 240 maximum that you would otherwise be unable to use because of an approaching anniversary date.	AL Hours Donated	Current AL Hours	AL Balance After Donation
<b>SICK LEAVE</b>			
<b>DONOR EMPLOYEE:</b> Complete this section to donate <b>sick leave</b> hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate sick leave hours which would reduce the balance to less than 176 hours.	SL Hours Donated	Current SL Hours	SL Balance After Donation
<b>PERSONAL HOLIDAY</b>			
<b>DONOR EMPLOYEE:</b> Complete this section to donate your <b>personal holiday</b> hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours. Unused personal holiday hours will be restored only if returned within the same calendar year.	PH Hours Donated	PH Hours Available	PH Balance After Donation
<b>ALL DONATED LEAVE WILL BE DEDUCTED FROM THE APPROPRIATE LEAVE BALANCE(S) ▶</b>	Total Hours Donated		

**SECTION II – DEPARTMENT**

If you approve the leave donation, please verify leave hours and remaining balances, complete this section and the "Leave Recorder" portions of Section I of this form, and send all parts to your HR Operations Office. **Prior approval by the organization budget authority is required where a charge transfer is involved.**

Budget Name:	Budget Number(s) to be Charged:	UW Box Number:
Name of Department Contact Responsible for Maintaining Leave Record:	Contact Phone:	Contact Email:

The donating employee meets the eligibility requirements stated above in Section I. I approve this request to donate leave hours and verify that sufficient funds are available to cover the charge transfers.

Name of Administrator or Manager (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Budget Authority (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III – HR OPERATIONS OFFICE**

The cash value of these hours will be credited to the shared leave account of the designated employee. As applicable, this amount will be charged to your department budget as it is used by the designated employee.	_____ Annual Leave Hours	The above-named employee is eligible to donate the following leave effective: _____ Month/Date/Year
	_____ Sick Leave Hours	
	_____ Personal Holiday Hours	
HR Office Approval Signature: _____	Date: _____	Phone: _____

**(HR Operations: Upon Completion, return two copies to Department [Department copy and Donor Copy] and make copies for employee file and Shared Leave File)**

**HR OPERATIONS OFFICES**

**Harborview Medical Center  
Medical Centers Human Resources**  
325 Ninth Avenue  
Seattle, WA 98104-2499  
Box 359715  
Voice: (206) 744-9220 Fax: (206) 744-9955

**UW Medical Center Operations**  
BB150 UWMC  
Box 356054  
1959 NE Pacific  
Seattle, WA 98195  
Voice: (206) 598-6116 Fax: (206) 598-4610

**Campus HR Operations**  
UW Tower C-1  
Box 359532  
4333 Brooklyn Ave NE  
Seattle, WA 98195-9532  
Voice: (206) 543-2354 Fax: (206) 685-0636