

## **SHARED LEAVE DONATION – UNIFORMED SERVICES SHARED LEAVE POOL**

If you have questions about completing this form, please contact your Human Resources Operations office for assistance.

## SHARED LEAVE DONATION – UNIFORMED SERVICES SHARED LEAVE POOL

**NOTE:** This form is only used if an employee wishes to irrevocably donate leave to the state’s Uniformed Services Shared Leave Pool (USSLP). Leave from the USSLP can be requested from any eligible state employee who has been called to active duty in one of the uniformed services of the United States.

**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)

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 Washington State Uniformed Services Shared Leave Pool and request departmental approval. I understand that these donated leave hours will be permanently deducted from my current, appropriate leave balance(s).				
<b>Total Leave Hours Donated:</b> _____ 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:		UW Box Number:		
Budget Number to be Charged:	% Distribution	Task:	Option:	Project:
Budget Number to be Charged:	% Distribution	Task:	Option:	Project:
Budget Number to be Charged:	% Distribution	Task:	Option:	Project:
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 Washington state Uniformed Services Shared Leave Pool. 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 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) – Work with Payroll Office to transfer value of leave donation to the Washington State Military Department’s Uniform Services Shared Leave Pool.**