

Completing the Shared Leave Request

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

Distribution: Forward to the completed form HR Operations office that serves your unit.

HR OPERATIONS OFFICES	
Harborview Medical Center Medical Centers Human Resources 325 Ninth Avenue Seattle, WA 98104-2499 UW Box 359715 Voice: (206) 744-9220 Fax: (206) 744-9955	Health Sciences Operations D302 Health Sciences UW Box 357250 Voice: (206) 543-9406 Fax: (206) 685-2845
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SHARED LEAVE REQUEST – Victims of domestic violence, sexual assault or stalking

INSTRUCTIONS: Use this form to request to receive donated shared leave if you are a victim of domestic violence, sexual assault or stalking.

*See "http://www.washington.edu/admin/hr/polproc/leave/shared-leave.html" for shared leave information and definitions.

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.)

TO BE COMPLETED BY REQUESTING EMPLOYEE

I am a victim of domestic violence, sexual assault or stalking

How long do you expect to be off work (if known) From mm/dd/yy Until mm/dd/yy

Do you expect to use shared leave intermittently or on a reduced schedule: Yes No

If you answered yes to the previous question, please describe your anticipated work schedule and the length of time the schedule will need to be in place

Please confirm the following by checking the box next to the statement. If the statement is not accurate for you, it means that you are not currently eligible to receive shared leave donations.

I will have to take leave without pay or terminate employment because I do not have sufficient paid leave to cover my absence from work.

Last Name:	First Name:	Middle:	EID:
Employment Date:	Employing Department:	UW Box Number:	

Signature _____ Date _____ Phone Number _____

TO BE COMPLETED BY RECEIVING DEPARTMENT

If you approve your employee's request, complete this form and send it to your HR Operations office for review and processing

Current Employee Balances: Vacation Leave ; Sick Leave ; Compensatory Time ; Personal Holiday used? Yes No

Administrator or Manager: _____ UW Box Number: _____

Budget No. to be Credited with Shared Leave:	% Distribution	Task:	Option:	Project:
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I have reviewed the employee's request to receive shared leave. The employee has followed department sick leave use guidelines.

Signature _____ Date _____ Phone Number _____

HR OPERATIONS OFFICE

The above employee is eligible to receive shared leave. The cash value of hours donated by other employees will be converted to shared leave hours to be credited to your department budget.

Signature _____ Date _____ Shared Leave Begins Date _____
 Phone Number _____ Month/Date/Year _____

HR Operations: Upon completion, return one copy to Department and make copies for employee file and Shared Leave File