Completing the Shared Leave Request Form

If you have questions about completing this form, please contact your Human Resources Operations office for assistance. Please report any technical problems accessing or completing this form to uwhr@u.washington.edu.

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

<table>
<thead>
<tr>
<th>HR OPERATIONS OFFICES</th>
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<tbody>
<tr>
<td><strong>Harborview Medical Center</strong></td>
<td><strong>Health Sciences Operations</strong></td>
</tr>
<tr>
<td>Medical Centers Human Resources</td>
<td>D302 Health Sciences</td>
</tr>
<tr>
<td>325 Ninth Avenue</td>
<td>UW Box 357250</td>
</tr>
<tr>
<td>Seattle, WA 98104-2499</td>
<td>Voice: (206) 543-9406  Fax: (206) 685-2845</td>
</tr>
<tr>
<td>UW Box 359715</td>
<td></td>
</tr>
<tr>
<td>Voice: (206) 744-9220  Fax: (206) 744-9955</td>
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<tr>
<td><strong>Upper Campus Operations</strong></td>
<td><strong>UW Medical Center Operations</strong></td>
</tr>
<tr>
<td>Bloedel Hall, Lower Level</td>
<td>BB150 UWMC</td>
</tr>
<tr>
<td>Box 354561</td>
<td>Box 356054</td>
</tr>
<tr>
<td>Voice: (206) 543-2354  Fax: (206) 685-0636</td>
<td>Voice: (206) 598-6116  Fax: (206) 598-4610</td>
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TO BE COMPLETED BY REQUESTING EMPLOYEE

Select the reason you are requesting shared and provide the additional information requested.

☐ I have been called to duty in one of the uniformed services of the United States

Date you are scheduled to report to active duty; mm/dd/yy

Length of active duty period, if known: From mm/dd/yy to mm/dd/yy

PROVIDE A COPY OF YOUR ORDERS – We must have a copy of your orders to approve your request.

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.

☐ As a result of my call to active duty in a uniformed service of the United States, 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.

OR

☐ I am serving as an approved emergency worker.

Specify the location (city and state) where you will serve as an emergency worker: City State:

Check the following that apply:

☐ The federal government has declared a state of emergency

☐ The state has declared a state of emergency

☐ I can provide written verification that a governmental agency or nonprofit organization has accepted my offer to volunteer my services

We must receive written verification that a governmental agency or nonprofit organization has accepted your services to approve your request.

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.

☐ As a result of voluntary service as an emergency worker, 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:

Budget No. to be Credited with Shared Leave:

% Distribution  Task:  Option:  Project:

Budget No. to be Credited with Shared Leave:

% Distribution  Task:  Option:  Project:

I have reviewed the employee’s request to receive shared leave. The employee has followed department leave use guidelines, and the use of shared leave is for the stated reason. I approve the request to receive shared leave.

Signature _____________________________________________  Date ______________________  Phone Number ____________________

HR OPERATIONS OFFICE

The requesting 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 ____________________________  Date ______________________  Month/Date/Year ____________________________

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