

UNIFORMED SERVICE SHARED LEAVE POOL – RECIPIENT REQUEST FORM INSTRUCTIONS

Complete the attached form if you have been called to active duty in a uniformed service of the United States and you wish to request leave from the Washington state’s Uniformed Services Shared Leave Pool (USSLP). To be eligible for shared leave from the USSLP the following conditions must be met:

- There must be leave available in the pool
- You have or will shortly deplete your paid military leave, compensatory time, vacation leave, and personal holiday;
- Your monthly military salary [as defined in WAC 357-31-650(4)] is less than your state monthly salary [as defined in WAC 357-31-650(5)]. However, up to eight hours per month may be used from the pool, to continue coverage under the Public Employee’s Benefit Board regardless of the employee’s monthly state salary and military salary.

After you complete the “Recipient’s Information”, retain a copy of the form and submit the form to the Human Resources Operations Office that serves your department. If you do not know which office that is, ask your department’s administrator.

Employee: 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 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

**UNIVERSITY of WASHINGTON
UNIFORMED SERVICE SHARED LEAVE POOL – RECIPIENT REQUEST FORM**

RECIPIENT'S INFORMATION (To Be Completed by Requestor)		
Print Recipient's Name (Last, First, MI)	UW Employee ID Number	E-mail Address
Agency/Institution University of Washington	Address	Contact Phone # - -
Power of Attorney (POA) (If applicable – Attach copy)	POA Contact Phone #	POA E-mail Address

WHY IS SHARED LEAVE NEEDED?

Maintain the level of state compensation consistent with the amount that would have been received if I remained in active state service

Maintain the level of state compensation and employee benefits

Maintain employee benefits (8 hours per month)

STATE SALARY INFORMATION

Is most recent state earnings statement attached? Yes No (Explain) U of W does not provide printed earnings statements.

Is the earnings statement you provided representative of your normal earnings? Yes No - How is this statement different? NA

Do you receive any of the following: Special Pay Shift differential Other (Explain)

MILITARY SALARY INFORMATION

Are your military orders attached? Yes No (Explain)

Is your Military Leave & Earnings Statement Attached? Yes No (Explain)

Military Pay Summary – Please provide the following military salary information

The definition for military salary for the purposes of the Uniformed Service Shared Leave pool is the base, specialty, and other pay but does not include allowances such as the basic allowance for housing.

Branch of Service	Length of Deployment	Rank	Total Years of Service
Base Pay	Specialty Pay	Other Pay	
Command Contact to verify Military Salary	Command Phone #	Command E-mail	

ANTICIPATED STATE OR MILITARY SALARY CHANGES

Anticipated State Salary changes:	Anticipated Military Salary changes:
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COMMENTS:

By my signature, I certify that this information is true and complete to the best of my knowledge. Additionally, I authorize the Military Department to contact my Command at any time during my activation to verify military pay information. Finally, I understand that if I am approved for Uniformed Service Shared leave "to make up a salary difference", I have a responsibility to notify the Military Department of any changes to my military and/or state salary or military orders.

Name Date:

PERSONNEL / PAYROLL INFORMATION
(To be completed by the UW Human Resource/Payroll Office)

Verify UW Employee ID Number		Date Form Received from Employee	
STATE SALARY INFORMATION			
Job Classification or Job Title	Base Salary \$	Rang/Step if Applicable	Is the employee Represented?
Special Pay	Shift Differential		Next PID
LEAVE BALANCE			
Vacation	Personal Holiday	Military Leave	
AGENCY CONTACTS			
Name of Human Resource Contact		Phone	E-mail
Name of Payroll Contact for Leave Transfer		Phone	E-mail
AGENCY APPROVAL			
By submission of this form, I certify that the recipient meets all of the criteria required in RCW and that they followed agency / institution policy and procedures to be eligible for leave donations.			
Name	Title	Date	

Human Resources/Payroll forward completed form to:

Washington Military Department
State Human Resource Office
Camp Murray, Bldg # 33, Tacoma WA 98430-5006
Fax: (253) 512-7808

Questions may be directed to Military Department Human Resources at 253-512-7522.

The Public Records Act, RCW 42.17.250, et.seq. requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.