University of Washington | Human Resources

### ORGAN DONOR SHARED LEAVE REQUEST

1. **For instructions on completing this form in MS Word see:** <http://www.washington.edu/admin/hr/forms/instructions.html>

**INSTRUCTIONS:** Use this form to request to receive donated shared leave only if you are volunteering as an organ donor.

**Distribution**: Forward the completed form to the HR Operations office that serves your unit. For HR Operations office addresses, see next page.

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

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.)

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| to be completed by rEQUESTING employee |
| Have you already applied and been accepted as an organ donor? Check the box that applies : **[ ] YES [ ] NO** |
| Anticipated dates of time off work that you will need as an organ donor:Leave Start Date: mm/dd/yyyy Leave End Date: mm/dd/yyyy |
| Anticipated total hours of work that you will need as an organ donor:       Hrs. |
| Last Name       | First Name       | Middle      |  EID    -   -    |
| Employment Date mm/dd/yyyy | Employing Department      | UW Box Number      |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Requesting Employee Signature Date Phone Number  |
| to be completed by Leave receiving department |
| If you approve your employee’s request to receive organ donor shared leave, complete this form and send it to your HR Operations office for review and processing. |
| Current Employee Balances: Annual 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.  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date Phone Number |
| HR Operations office |
| The 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month/Date/Year |
| Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **HR Operations: Upon completion, return one copy to Department and make copies for employee file and Shared Leave File** |

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

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| hr operations offices |
| **Harborview Medical CenterMedical Centers Human Resources**325 Ninth AvenueSeattle, WA  98104-2499Box 359715Voice: (206) 744-9220 Fax: (206) 744-9955 | **UW Medical Center Operations**BB150 UWMCBox 3560541959 NE PacificSeattle, WA 98195Voice: (206) 598-6116 Fax: (206) 598-4610 | **Campus HR Operations** Roosevelt Commons WestBox 3549634300 Roosevelt Ave NESeattle, WA 98195-4963Voice: (206) 543-2354 Fax: (206) 685-0636 |