

## **SHARED LEAVE DONATION**

### **Instructions for Completing the Form Electronically**

This form is designed to be completed in Microsoft Word using the form completion feature. Use the tab key to move from field to field to enter the requested information. If you need to revise text that you have entered you can use your mouse to position your cursor in the field that you need to change.

The individual preparing the form follows these steps:

1. Save the downloaded form to a location where you can find it, if necessary.
2. If the cursor is not already in the first form field, place it there and enter the requested information.
3. Use the tab key to move to the next form field.
4. Upon completion of each field, use the tab key to move to the next form field until all of the relevant electronic fields have been completed.
5. Save the form to a directory where you can access it.
6. Print and sign the form.
7. Obtain Supervisor and Administrator signatures as necessary.
8. Route or process the form as required.

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

# SHARED LEAVE DONATION

**INSTRUCTIONS: Please Type or Print Clearly and Forward to the HR Operations Office that serves your unit**

(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.)

**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)**

Receiving Employee Last Name:		First Name:		Middle:	UW Dept. or WA State Agency:
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 employee designated above and request departmental approval. I understand that these donated leave hours will be deducted from my current, appropriate leave balance(s) and that any shared leave not used by the receiving employee will be restored to me on a pro rata basis.					
<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
SICK LEAVE				
<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	
PERSONAL HOLIDAY				
<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:	Budget Number(s) to be Charged:	UW Box Number:
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 – AREA HR OPERATIONS OFFICE**

The cash value of these hours will be credited to the shared leave account of the designated employee. 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 the following 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)**