

Donating Shared Leave

Thank you for considering the donation of your earned leave to a fellow employee. Please review the following information before completing the donation form.

**Purpose**

The purpose of the shared leave program is to permit state employees to come to the aid of another state employee who:

1. Is or has a relative suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition; or
2. Is being called to service in the uniformed services, or
3. Is volunteering with a governmental or nonprofit agency when a state of emergency has been declared within the United States; or
4. Is the victim of domestic violence, sexual assault, or stalking; and…

Because of one of the above, the employee will take leave without pay or terminate employment.

**Donating Your Leave**

*Vacation:* You must retain a balance of at least 10 days (80 hours for full-time or pro-rated if part-time) of vacation/annual leave and may not contribute hours that you would otherwise be unable to use because of an approaching anniversary date.

*Sick Leave:* You must retain a balance of at least one hundred seventy-six (176) hours – not pro-rated for part-time employees.

*Personal Holiday:* All or a portion may be donated.

Direct questions to Payroll at 963-1202.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CENTRAL WASHINGTON UNIVERSITY**  **Shared Leave Donation Application**  **CWUP 2-30-060 Civil Service Employee Leave/** **CWUR 6-60-105 Shared Leave Use** | | | | | |
| **Donating Employee:** Complete the following section and submit to your Department Head. | | | | | |
| Name of Employee to Receive Shared Leave | | | | | |
| Donor Name | | Donor Employee ID# | | | Donor Telephone |
| Donor Department | | Donor Employment Status (Exempt, Civil Service, Faculty) | | | |
| **Please reduce my leave balance(s) in the amount(s) indicated below, to be used as shared leave:** | | | | | |
| Sick Leave: |  | | | | |
| Annual Leave: |  | | | | |
| Personal Holiday: |  | | | | |
| I voluntarily donate paid leave in the amounts specified, to the employee designated above. I have reviewed the information on the back of this form and request approval of my donation. I understand these donated hours will be deducted from my current leave balances and any Shared Leave not used by the receiving employee will be restored to me on a pro rata basis. | | | | | |
| I do  or do not  consent to the release of my name, if requested. | | | | | |
|  | | | | | |
| Signature of Donating Employee | | |  | Date | |

|  |
| --- |
| **Department Head:** Complete the following section and submit to Payroll at mailstop 7425. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | | Mail Stop | | Telephone | |
|  | | | |  | |  | |
| Department Head Signature | | | |  | | Date | |
|  | | | |  | | | |
| ***For Use by Leave Administrator:*** | | | |  | | | |
| **Donor Leave Balances** | | | | **Leave Balance Adjustment** | | | |
| Annual Leave hours  Sick Leave hours  Personal Holiday hours  Percent of full-time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full-time monthly salary:  Anniversary Date: | | | | Annual Leave - hours  Sick Leave - hours  Personal Holiday - hours | | | |
| **Donation:**  Approved  Disapproved | | | | Adjusted for pay period: | |  | |
|  |  |  | | Adjusted by: | |  | |
| Leave Administrator |  | Date: | | Date: | |  | |