

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.

Please direct your questions to Payroll at 963-2241.

**CENTRAL WASHINGTON UNIVERSITY
Shared Leave Donation Form**

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 Department: _____ Donor Phone #: _____

Donor Employee Type: Civil Service Exempt

Please reduce my leave balance(s) in the amount(s) indicated below, to be used as shared leave:

Annual Leave: _____

Sick 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 7479.

Name and Phone #:

Department Head Signature

Date

For Use by Leave Administrator:	
Donor Leave Balances	Leave Balance Adjustment
Annual Leave _____ hours	Annual Leave - _____ hours
Sick Leave _____ hours	Sick Leave - _____ hours
Personal Holiday _____ hours	Personal Holiday - _____ hours
Percent of full-time: _____	
Full-time monthly salary: _____	
Anniversary Date: _____	
Donation: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Adjusted for pay period: _____ Adjusted by: _____
_____ Leave Administrator	_____ Date: