

WASHINGTON STATE UNIFORMED SERVICE SHARED LEAVE POOL

LEAVE DONATION FORM

DONOR INFORMATION			
Donor's Name (Last, First, MI)	Contact Phone #	E-mail Address	
Agency	Address		
Job Classification	Personnel #	Current Salary	
LEAVE DONATION			
<p>An employee may donate vacation leave, sick leave, or all or part of a personal holiday to the USSLP if the donating employee's employer approves the employee's request to donate leave and:</p> <ul style="list-style-type: none"> • Vacation leave: The donation will not cause the donor's vacation leave balance to fall below 80 hours after the transfer. For part-time employees, requirements for vacation leave balances are prorated. • Sick leave: The donation will not cause the donor's sick leave balance to fall below 176 hours after the transfer. • Personal holiday: The donating employee's employer approves the employee's request to donate all or part of their personal holiday to the USSLP. 			
Donation Amount (Hours)			
Vacation	Sick	Personal Holiday	Budget Authorization #
DONOR'S AUTHORIZATION AND SIGNATURE			
<p>I voluntarily authorize the deduction of the number of hours indicated above from my associated accrued vacation leave, sick leave and/or personal holiday. I am donating this leave to enable an employee who has been called to military service to receive the same level of compensation and/or employee benefits consistent with the amount they would have received if they had remained in active state service. I understand that the hours I donate to the USSLP Program cannot be donated to a specific individual and that the hours are not recoverable.</p>			
Signature		Date	
HUMAN RESOURCE OFFICE			
Available Leave Balances as of			
Vacation	Sick	Personal Holiday	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____			
Human Resource Director's Signature			Date
PAYROLL OFFICE			
Donated Leave Converted to Dollars			
Vacation	Sick	Personal Holiday	Budget Authorization #
Processed on:		By:	

C: Employee, Supervisor & Payroll