WASHINGTON STATE UNIFORMED SERVICE SHARED LEAVE POOL – RECIPIENT FORM

RECIPIENT'S INFORMATION (to be completed by requestor)					
Recipient's Name (Last, First, MI)	Personnel Number	E-mail Address			
Agency	Address	Contact Phone #			
Power of Attorney (POA) (If applicable – Attach copy)	POA Contact Phone #	POA E-mail Addr	ess		
WHY IS SHARED LEAVE NEEDED?					
 ☐ Maintain the level of state compensation consistent with the amount that would have been received if I remained in active state service ☐ Maintain the level of state compensation and employee benefits ☐ Maintain employee benefits (8 hours per month) 					
STATE SALARY INFORMATION					
Is your most recent state earnings statement attached? ☐ Yes ☐ No (Explain)					
Is the earnings statement you provided representative of your normal earnings? Yes No - How is this statement different?					
Do you receive any of the following: Special Pay Shift differential Other (Explain)					
MILITARY SALARY INFORMATION					
Are your military orders attached?					
Is your Military Leave & Earnings Statement Attached?					
Military Pay Summary – Please provide the following military salary information					
The definition for military salary for the purposes of the Uniformed Service Shared Leave pool is the base, specialty, and other pay but does not include allowances such as the basic allowance for housing.					
Branch of Service	Length of Deployment	Rank	Total Years of Service		
Base Pay	Specialty Pay	Other Pay			
Command Contact to verify Military Salary	Command Phone #	Command E-mail			

ANTICIPATED STATE OR MILITARY SALARY CHANGES					
Anticipated State Salary changes:		Anticipated Military Salary changes:			
COMMENTS:		<u> </u>			
By my signature, I certify that this information is true an contact my Command at any time during my activation Service Shared leave "to make up a salary difference", salary or military orders.	to verify military pa	ay information. Finally, I unders	tand that if I am approved for Uniformed		
Name:	Date:				
PERSONNEL / PAYROLL INFORMATION (To be completed by the agency Human Resource / Payroll Office)					
Employee	Personnel Number		Date and Time Form Received from Employee		
STATE SALARY INFORMATION					
Job Classification	Base Salary - Range Step		Is the employee Represented or Non-Represented?		
Special Pay	Shift Differe	ential	Next PID		
LEAVE BALANCE					
Vacation	Personal Ho	oliday	Military Leave		
AGENCY CONTACTS					
Human Resource Contact	Phone		E-mail		
Payroll Contact for Leave Transfer	Phone		E-mail		
AGENCY APPROVAL					
By submission of this form, I certify that the recipient meets all of the criteria required in RCW and that they followed agency / institution policy and procedures to be eligible for leave donations.					

Please forward completed form to:

Date

Title

Name

Washington Military Department State Human Resource Office
Camp Murray, Bldg # 33, Tacoma WA 98430-5006
Fax: (253) 512-7808

Questions may be directed to Military Department Human Resources at 253-512-7522.

The Public Records Act, RCW 42.17.250, et.seq. requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.