



**WASHINGTON MILITARY DEPARTMENT
REQUEST TO DONATE SHARED LEAVE**

DONOR'S NAME	DONOR'S STATE PERSONNEL NUMBER
DONOR'S JOB CLASSIFICATION	DONOR'S TELEPHONE NUMBER

VACATION LEAVE DONATION

May be made in any amount provided the donation:

- Does not cause the employee's vacation leave balance to fall below **80 hours**. (Note: requirements for vacation leave balances will be prorated for part time employees.)
- Does not include vacation leave that the donor would not be able to take due to an approaching anniversary date.

SICK LEAVE DONATION

May be made in any amount provided the donation:

- Does not cause the donor's sick leave balance to fall below **176 hours** after the transfer.

PERSONAL HOLIDAY DONATIONS

May be made in accordance with WAC 356-18-025 (7) and 256-18-112 (3)(i)

DONATION REQUEST

I request to donate:

Vacation leave in the amount of _____ hours.

Sick Leave in the amount of _____ hours.

My Personal Holiday in the amount of _____ hours.

I wish to:

- donate shared leave to the following employee:

Recipient's Name	Employed with (agency name)
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- donate shared leave to the Uniformed Services Shared Leave Program.

I certify that I have read and understand the provisions WAC 356-18-112 (3) that govern shared leave donations and that this donation is given voluntarily.

Please sign below and hit the submit button (this will send to payroll at MILDLFinancePayroll@mil.wa.gov) - when e-mail comes up add your Last and First name on subject line. Thank you for your donation!

Signature of Donating Employee	Date
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PAYROLL

Leave Balance(s): Vacation _____ Sick _____ Personal Holiday _____

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Payroll Manager or Designee	Date:
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Comments:

Processed by Signature	Date:
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