

# 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
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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:

- **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
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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.

Signature	Date
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HUMAN RESOURCE OFFICE
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Available Leave Balances as of		
Vacation	Sick	Personal Holiday

Approved     Disapproved    \_\_\_\_\_  
Human Resource Director's Signature
Date

PAYROLL OFFICE
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Donated Leave Converted to Dollars			
Vacation	Sick	Personal Holiday	Budget Authorization #

Processed on:	By:
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C: Employee, Supervisor & Payroll