REQUEST TO DONATE SHARED LEAVE

Human Resource Services Washington State University Pullman, WA 99164-1014

Complete this form to request approval to donate and to authorize your donation of annual leave, sick leave or personal holiday hours to another WSU employee as allowed by the shared leave program. Minimum total donation is 1 hour. The policies governing shared leave are set forth in BPPM 60.58, along with additional instructions.

Submit the form to Human Resource Services, French Administration 139, mail code 1014. Attach a copy of your most recent Time/Leave Report.

DONOR EMPLOYEE NAME	WSU ID NUMBER	DONOR TELEPHONE	DONOR E-MAIL ADDRESS
DONOR EMPLOYEE DEPARTMENT	DEPARTMENT CONTACT	MAIL CODE	CONTACT TELEPHONE
RECIPIENT EMPLOYEE NAME		RECIPIENT EMPLOYEE DEPARTMENT	
ANNUAL LEAVE Civil service employees, collective bargain leave may request approval to donate ann After the donation, you must still have at I	ual leave to the shared leave p	rogram. Hours must be donat	ed in whole, not partial, hours.
Please transfer hours of my ar	nnual leave to the recipient emp	loyee named above to be use	ed as shared leave.
My current annual leave balance is	·		
HRS that they have a history of taking and recipient and a maximum of 80 hours of si must maintain a minimum of 176 hours of Please transfer hours of my side. My current sick leave balance is	ck leave per calendar year. Housick leave after the donation.	irs must be donated in whole,	not partial, hours. Employees
PERSONAL HOLIDAY Civil service employees, collective bargain personal holiday may donate personal hol donated in whole hours. Please transfer hours of my perso	day hours to the shared leave p	orogram. (<i>WAC</i> 357-31-425)	Personal holiday hours must be
DONOR EMPLOYEE SIGNATURE			DATE
DEPARTMENT CHAIR/DIRECTOR NAME	DEPARTMENT CH	AIR/DIRECTOR SIGNATURE	DATE
	'		·
	FOR HRS US	E ONLY	
REQUEST GRANTED	HUMAN RESOURCE SERVICE	CES SIGNATURE	DATE