

Shared Leave Donation

Reference [WAC 357-31](#) Leave

Donor's Information

Name (first, middle, last):

Personnel Number:

Agency:

Division/Unit:

Org. Code:

Attendance Unit:

Anniversary Date:

Work Schedule:

Attendance Keeper's Name:

Phone/Mail Stop:

HR/Personnel Representative's Name:

Phone/Mail Stop:

Do you wish to remain an anonymous donor? Yes No

Leave Information

Vacation Leave (Must Retain Minimum of 80 Hours After Donation)

Vacation Leave Balance: Amount of Vacation Leave Hours Donated:

Sick Leave (Must Retain Minimum of 176 Hours After Donation)

Sick Leave Balance: Amount of Sick Leave Hours Donated:

Personal Holiday Leave Balance:

Amount of Personal Holiday Leave Hours Donated: Date of Leave Balance:

Note: The remaining shared leave must be returned to the donors and reinstated to the respective donor's appropriate leave balances based on each employee's current salary rate at the time of reversion.

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Signature:

Date:

Recipient's Information

Name (first, middle, last):

Agency:

Division/Unit:

Program Manager/Designee Approval

Name and Title:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Signature:

Date:

Agency Director or Designated Approving Authority

Approved

Denied

If denied, explain:

Name and Title:

Signature:

Date:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Original – Central Payroll

Copies – Recipient, Supervisor, and Appointing Authority