

Shared Leave Donation Form

Submit this form to donate shared leave to another employee

For Completion by the Donor			
Donor Employee Name:		Donor's EWU ID Number:	
Receiving Employee Name:		Department/Agency:	
I voluntarily donate the following hours to the employee designated above. I understand that these donated hours will be deducted from my current, appropriate time off balance(s) and that any shared leave not used by the receiving employee will be restored to me.			
Donor Signature: _____		Date: _____	
Vacation Time Off	DONOR COMPLETES	HUMAN RESOURCES COMPLETES	
Donor Employee: Complete this section to donate vacation time hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate vacation hours which would reduce your balance to less than eighty (80) hours for full time employment. <i>Classified employees:</i> you may not donate hours that you would lose within the next 30 days due to an approaching leave maximum month.	<u>VAC HOURS DONATED</u>	Current VAC Hours	VAC Balance After Donation
Sick Time Off			
Donor Employee: Complete this section to donate sick time off hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate sick time hours which would reduce your balance to less than 176 hours.	<u>SICK HOURS DONATED</u>	Current SICK Hours	SICK Balance After Donation
Personal Holiday			
Donor Employee: Complete this section to donate your personal holiday hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours. Unused personal holiday hours will be restored only if returned within the same calendar year.	<u>PH HOURS DONATED</u>	PH Hours Available	PH Balance After Donation
ALL DONATED HOURS WILL BE DEDUCTED FROM THE APPROPRIATE LEAVE BALANCE(S).	<u>TOTAL HOURS DONATED</u>		
Human Resources Approval:			
Signature: _____		Date: _____	
<i>Accounting Transaction (for interagency transactions only)</i> \$ _____ transferred from _____ to _____ Budget number _____ Agency _____			Payroll emailed Date: _____
Payroll Signature _____		Date: _____ Budget Authority Number _____	