

SHARED LEAVE REQUEST – Victims of domestic violence, sexual assault, or stalking.

INSTRUCTIONS: Use this form to request to receive donated shared leave if you are a victim or domestic violence, sexual assault, or stalking.

Distribution: Forward the completed form to the HR Operations office that serves your unit.

Part 1: To be completed by requesting employee

I am a victim or domestic violence, sexual assault, or stalking.

How long do you expect to be off work (if known) From: Until:

Do you expect to use shared leave intermittently or on a reduced schedule: Yes No

If you answered yes to the previous question, please describe your anticipated work schedule and the length of time the schedule will need to be in place.

Last Name:	First Name:	Middle Initial:	EID:
Department:	Preferred Phone:	Preferred Email:	
Signature		Date:	Job Title:

PART 2: DEPARTMENT (The department of the employee requesting shared leave fills out this section.)

If you approve your employee's request, complete this section, and send the full form to your HR Operations office for review and processing.

Current Employee Balances: Vacation Leave: Sick Leave: Compensatory Time:

Has the employee's Personal Holiday been used? Yes No

Administrator or Manager Name:

UW Box Number:

Please indicate the billing worktags to be credited with shared leave (i.e., Company + Driver Worktag **OR** Company + Driver + Fund). Only one set of billing worktags is required to complete this section. If splitting across multiple budgets, please provide the additional billing worktags and indicate the distribution percentage.

Billing worktags:

% Distribution:

Billing worktags:

% Distribution:

Billing worktags:

% Distribution:

Billing worktags:

% Distribution:

I have reviewed the employee's request to receive shared leave.

The employee has followed department sick leave use guidelines.

Receiving Department Signature:

Phone Number:

Date:

Part 3: HR Operations Office (HR Operations completes this section)

The above employee is eligible to receive shared leave. The cash value of hours donated by other employees will be converted to shared leave hours to be credited to your department budget.

HR Operations Office Signature:

Phone:

Shared Leave Start Date:

HR Operations Contact Information

Harborview Medical Center

Fax: (206) 598-4610

325 Ninth Avenue

Box 359715

Seattle, WA 98104

Or, MedCtrFMLA@uw.edu

UW Medical Center Montlake & Northwest

Fax: (206) 598-4610

1959 NE Pacific #BB150

Box 356054

Seattle, WA 98195

Or, MedCtrFMLA@uw.edu