**INSTRUCTIONS:** Use this form to donate shared leave to another employee.

**DISTRIBUTION:** Forward the completed form to the HR Operations office that serves your unit. See <http://hr.uw.edu/ops/leaves/shared-leave/> for information and definitions relating to shared leave.

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| PART 1: DONOR (The donor employee completes this section and forwards the form to their department administrator for approval.) | | | | |
| Receiving Employee Last Name: | | Receiving Employee First Name: | Middle Name: | |
| UW Dept., WA State Agency, or School District where receiving employee works: | | | | |
| Donor Employee Last Name: | | Donor Employee First Name: | Middle Name: | |
| Donor UW EID: | Donor Anniversary Date: | Donor Department: | | |
| Donor Work Phone: | Donor Email: | Donor Monthly Salary: $ | | |
| I voluntarily donate the below total time off hours to the receiving employee indicated above and request departmental approval.  I understand that these donated time off 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 on a pro rata basis.  **Total Time Off hours donated**:       Hours (This amount must be the same as “Total Hours Donated” Box below.) | | | | |
| Donor Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | | |
| Vacation Time off | | donor completes | leave recorder completes | |
| DONOR EMPLOYEE: Complete this section to donate vacation time off (VAC) 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 the balance to less than eighty (80) hours for full time employment; prorated for part time employment. Also, you may not donate any excess vacation hours above the 240 maximum that you would otherwise be unable to use because of an approaching anniversary date. | | VAC Hours Donated | Current VAC Hours | VAC Balance After Donation |
| Sick Time off | | | | |
| DONOR EMPLOYEE: Complete this section to donate sick time off (SIC) 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 off hours which would reduce the balance to less than 176 hours. | | SIC Hours Donated | Current SIC Hours | SIC Balance After Donation |
| personal holiday | | | | |
| DONOR EMPLOYEE:Complete this section to donate your **personal holiday (PH)** 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. | | PH Hours Donated | PH Hours Available | PH Balance After Donation |
| (All donated hours will be deducted from the appropriate leave balances.)  **TOTAL HOURS DONATED** |  |

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| PART 2: DEPARTMENT (The donor employee’s department completes this section.) | | |
| If you approve the hours donation, please verify the hours and remaining balances. Please complete this section and the “Leave Recorder” portions of Part 1. When completed, send all sections of the form to your HR Operations Office. Please note, prior approval by the organization budget authority is required where a charge transfer is involved. | | |
| 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: | |
| Name of department contact responsible for maintaining Absence Record: | Contact Phone:       Contact Email: | UW Box Number: |
| The donating employee meets the eligibility requirements stated in Part 1.  I approve this request to donate time off hours and verify that sufficient funds are available to cover the charge transfers. | | |

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| Name of Administrator or Manager (please print or type):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Signature |
| Name of Budget Authority (please print or type):  \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Signature |

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| **PART 3: HR OPERATIONS OFFICE** (HR Operations office completes this section.) | | |
| The cash value of these hours will be credited to the shared leave account of the designated employee. As applicable, this amount will be charged to your department billing worktags as it is used by the designated employee. | Vacation Hours | The above-named employee is eligible to donate time off effective:  Date: |
| Sick Hours |
| Personal Holiday Hours |
| HR Office Approval  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Signature | | Phone: |

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| 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 |

**HR Operations:** Upon completion, return two copies to the Department indicated [Department copy and Donor Copy] and make copies for employee file and shared leave file.