**INSTRUCTIONS:** Use this form to give shared leave to a UW Employee Organ Donor.

**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 – Employee giving Leave: To be completed by Employee giving leave (complete this section and forward the completed form to your department administrator for approval) | | | | | | | | |
| Enter the information below for the employee who is the leave recipient (organ donor) | | | | | | | | |
| Last Name: | First Name: | | MI: | UW Department where leave recipient works: | | | | |
| Enter information below for employee giving leave | | | | | | | | |
| Last Name: | First Name: | | MI: | UW EID: | | | | |
| Department: | | Phone: | | | Email: | | | |
| **Note**: A leave gift must be at least 4 hours and may not exceed a total of 10 days of leave for each organ donor to whom you wish to give leave.  I voluntarily give the following total leave hours to the employee designated above and request departmental approval. I understand that these giving leave hours will be deducted from my current, appropriate leave balance(s) and that any shared leave not used by the receiving employee will be restored to me on a pro rata basis.  **Total Leave Hours I Am Giving**:       Hours  (Must equal “Total Hours Given” Box below – 80 hour maximum for full time employees – prorated for part time employees.) | | | | | | | | |
| Employee Giving Leave Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | | | | | | |
| VACATION TIME OFF | | | | | | LEAVE GIVING EMPLOYEE COMPLETES | LEAVE RECORDER COMPLETES | |
| **LEAVE GIVING EMPLOYEE:** Complete this section to donate **vacation 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 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 | | | | | |  |  | |
| **LEAVE GIVING 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 off hours which would reduce the balance to less than 176 hours. | | | | | | SIC Hours Donated | Current SIC Hours | SIC Balance After Donation |
| PERSONAL HOLIDAY | | | | | |  |  | |
| **SL 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. | | | | | | PH Hours Donated | PH Hours Available | PH Balance After Donation |
| ALL DONATED HOURS WILL BE DEDUCTED FROM THE APPROPRIATE LEAVE BALANCE(S)  | | | | | | Total Hours Donated |  | |

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| PART 2 – Department: To be completed by Department | | | |
| If you approve the hours donation, please verify hours and remaining balances, complete this section and the “Leave Recorder” portions of Part 1 of this form, and send all parts to your HR Operations Office. **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: |
| **The leave donating employee meets the eligibility requirements stated above in Part 1.**  **I approve this request to donate leave hours and verify that sufficient funds are available to cover the charge transfers.** | | | |
| 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: To be completed by HR Operations Office | | |
| 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 budget 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: |

HR Operations: Upon Completion, return two copies to Department (Department copy and Donor copy). Make copies for employee file and Shared Leave File.

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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**  Fax: (206) 598-4610  1959 NE Pacific #BB150  Box 356054  Seattle, WA 98195  Or, MedCtrFMLA@uw.edu |