WENATCHEE VALLEY COLLEGE

**WASHINGTON STATE UNIFORMED SERVICE SHARED LEAVE POOL**

**LEAVE DONATION FORM**

|  |  |  |
| --- | --- | --- |
| **DONOR INFORMATION** | | |
| Donor’s Name (Last, First, MI) | Contact Phone Number | E-mail Address |
| Agency  **Wenatchee Valley College** | Address | |
| Job Classification | SSN or SID Number | Current Salary |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEAVE DONATION** | | | |
| An employee may donate vacation leave, sick leave, or all or part of a personal holiday to the uniformed services shared leave pool (USSLP) if the donating employee’s employer approves the employee’s request to donate leave and:   * **Vacation leave**: The donation will not cause the donor’s vacation leave balance to fall below ***80 hours*** after the transfer. For part-time employees, requirements for vacation leave balances are prorated. * **Sick leave**: The donation will not cause the donor’s sick leave balance to fall below **176 *hours*** (22 days) after the transfer. * **Personal holiday**: The donating employee's employer approves the employee's request to donate all or part of their personal holiday to the USSLP. | | | |
| **Donation Amount (Hours or Days)** | | | |
| Vacation | Sick | Personal Holiday | Budget Authorization # |

|  |  |
| --- | --- |
| **DONOR’S AUTHORIZATION AND SIGNATURE** | |
| I voluntarily authorize the deduction of the number of hours indicated above from my associated accrued vacation leave, sick leave and/or personal holiday. I am donating this leave to enable an employee who has been called to military service to receive the same level of compensation and/or employee benefits consistent with the amount they would have received if they had remained in active state service. I understand that the hours I donate to the USSLP cannot be donated to a specific individual and that the hours are not recoverable. | |
| Signature | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HUMAN RESOURCE OFFICE** | | | | | | |
| Available Leave Balances as of: | | | | | | |
| Vacation | Sick | | Personal Holiday | | | |
| Approved  Disapproved | | | | | | |
|  | | Human Resources Signature | |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PAYROLL OFFICE** | | | |
| **Donated Leave Converted to Dollars** | | | |
| Vacation | Sick | Personal Holiday | Budget Authorization # |
| Processed on: By: | | | |

C: Employee, Payroll, USSLP Shared Leave File