

## SHARED LEAVE DONATION FORM

Complete this form to initiate a request to transfer vacation leave, sick leave, or personal holiday to a state employee to be used as shared leave.

\_\_\_\_\_  
Donor

\_\_\_\_\_  
EWU ID Number

\_\_\_\_\_  
Recipient Employee

\_\_\_\_\_  
Department/Agency

Hours to be donated: Vacation Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_ Personal Holiday \_\_\_\_\_

Are you a permanent state employee?

**Yes**

**No**

**Vacation Leave Donation**

Will this donation of vacation leave drop your vacation leave balance below 80 hours?

If you are a *classified employee*, are you donating vacation leave that you would lose within the next 30 days due to an approaching leave maximum month?

If you are an *administrative exempt employee*, would your donation of vacation leave plus the leave used this fiscal year total more than 60 days in a fiscal year?

**Sick Leave Donation**

Will this donation of sick leave drop your sick leave balance below 176 hours?

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

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**CERTIFICATION OF LEAVE BALANCES** (To be completed by Human Resource Services)

Donor's leave balance before transfer

Vacation Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_ Personal Holiday \_\_\_\_\_

\_\_\_\_\_  
Human Resource Services Signature

\_\_\_\_\_  
Date

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**APPROVAL**

This request for donation of leave is:

Approved as requested

Approved with modification

Disapproved

If disapproved, justification: \_\_\_\_\_

\_\_\_\_\_  
Human Resource Services Signature

\_\_\_\_\_  
Date

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**ACCOUNTING TRANSACTION** (For interagency transactions only)

\$ \_\_\_\_\_ transferred from \_\_\_\_\_ to \_\_\_\_\_  
Budget Number Agency

\_\_\_\_\_  
Payroll Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Authority Number

\_\_\_\_\_  
Date

White-Human Resources  
Yellow-Payroll