



# SHARED LEAVE DONATION

\_\_\_\_\_  
Donor name Personnel ID number Facility/office

I am requesting to donate the following number of hours:

Annual leave: \_\_\_\_\_ Sick leave: \_\_\_\_\_ Personal holiday: \_\_\_\_\_

I am requesting my donation be applied to:

- The Uniform Service Shared Leave Pool
- Veterans' In-State Service Shared Leave Pool
- Foster Parent Shared Leave Pool
- Department employee approved for shared leave

Employee name: \_\_\_\_\_

Agency name and location: \_\_\_\_\_

This donation will not cause my vacation leave balance to fall below 80 hours or my sick leave balance to fall below 176 hours. I understand that leave not used by the recipient, and meets the requirements per RCW 41.04.665, will be returned to my appropriate leave balances and prorated based on the original donation.

This is a voluntary request on my part and is conditional upon approval by the Secretary/designee when the donation is to an employee working in another state agency.

I request to remain anonymous

\_\_\_\_\_  
Signature Date

### PAYROLL OFFICE USE ONLY

Date received by payroll: \_\_\_\_\_ Anniversary date: \_\_\_\_\_

Sub-agency: \_\_\_\_\_ Attendance unit: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_

Vacation leave: \_\_\_\_\_  Donable  Not donable

Sick leave: \_\_\_\_\_  Donable  Not donable

Personal holiday: \_\_\_\_\_  Donable  Not donable

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Applicable Region Payroll Office (i.e., Southwest, Northwest, or East) via mail or email [DOC SW Region Shared Leave](#), [DOC NW Region Shared Leave](#), [DOC East Region Shared Leave](#); Government Agency, if applicable