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

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