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| **Employee Part** |

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| Name of employee eligible for shared leave:      Employed at: (agency name):      Name of donor:      Personnel number:       |
| I am requesting to donate:[ ]  Vacation Leave      Hours[ ]  Sick Leave      Hours[ ]  Personal Holiday      Hours |
| This donation is voluntary on my part and will not cause my vacation leave balance to fall below 80 hours or my sick leave balance to fall below 176 hours. I understand when the donation is to an employee working for another state agency that Payroll, working with Human Resources, must first obtain written approval from both agency heads.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee signature Date*Employee: Return this form to the Payroll Division. Email:* *despayroll@des.wa.gov* *Mail: MS 41405* |

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| **Payroll Part** |
| Date received: |       |  |
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| Current Vacation leave balance: |       | [ ]  Eligible  |  |
|  |
| Current Sick leave balance: |       | [ ]  Eligible |  |
|  |
| Personal holiday: |   | [ ]  Eligible |  |
|  |
| Salary:  | $      |  | Hourly wage:  | $      |  |
|  |
| Comments:       |
| *HR: Attach written approval of the heads of both agencies for donations to employees outside of DES.* |