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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*](mailto:despayroll@des.wa.gov) *Mail: MS 41405* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payroll Part** | | | | | | | | | | |
| Date received: | |  | | | |  | | | | |
|  | | | | | | | | | | |
| 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.* | | | | | | | | | | |