



REQUEST TO TRANSFER LEAVE

Please Print

EMPLOYEE NAME: _____ SID: _____
Last First M.I.

DETERMINING ELIGIBILITY

The State of Washington has established the following criteria to be eligible to participate in the Shared Leave Program.

1. If you are a **faculty employee**, you may donate sick leave only. You must retain a minimum balance of 22 days (176 hours) of sick leave.
2. If you are a **non-faculty employee**, you may choose to donate vacation leave or sick leave. You must retain a minimum balance of 10 days (80 hours) of vacation leave to be eligible to donate vacation leave through the leave-sharing program or a minimum balance of 22 days (176 hours) of sick leave if you choose to donate sick leave through the leave sharing program. Employees may not donate excess vacation leave that the donor would not be able to take due to an approaching anniversary date.

Under the provision of RCW 41.04, I am requesting that you authorize me to transfer _____ hours of my vacation leave sick leave to _____.

(Name of Beneficiary)

I have read and understand the criteria which will be used in determining eligibility to participate and how it may affect my pay warrant and my sick leave or vacation leave balances.

(Signature)

(Date)

FOR OFFICE USE ONLY

Request Granted: _____ Request Denied: _____

Reason For Denial: _____

Approval Signature: _____

(Executive Director of Human Resources)

Date

Distribution:

White: Human Resources

Yellow: Payroll

Pink: Beneficiary