WENATCHEE VALLEY COLLEGE

**SHARED LEAVE DONATION FORM**

**Instructions:** Fill out online by using the tab key to move from field to field. If you need to revise text you have entered you can use your mouse to position your cursor in the field that you need to change. If you prefer, you can print the form and fill out by hand. When you have finished, please send completedform to human resources.

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| **DONATING EMPLOYEE** | | |
| Name of Employee to Receive Leave | | |
| Donor Employee Name | ctcLink Empl ID Number | Donor Employee Status (Classified, Exempt Faculty) |

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| **LEAVE DONATION** | | | |
| An employee may donate vacation leave, sick leave, or all or part of a personal holiday to a designated state employee to be used as shared leave if the college approves the employee’s request to donate leave and adheres to the following limitations:   * **Vacation leave**: The donation will not cause the donor’s vacation leave balance to fall below ***80 hours*** after the transfer for full time employment; prorated for part time employment. * **Sick leave**: The donation will not cause the donor’s sick leave balance to fall below **176 *hours*** after the transfer.   ***Faculty: remember that your leave is now in hours (for reference…one day equals seven hours)***   * **Personal holiday**: The donation is at least four hours. Unused personal holiday hours will be restored only if returned during the same calendar year.   **NOTE:** Employees may not donate vacation leave hours that would otherwise be lost on the next anniversary date due to exceeding maximum leave accruals. Employees may not donate vacation leave, sick leave or personal holidays that would otherwise be lost due to separation of employment. | | | |
| **Donation Amount (Hours)** | | | |
| Vacation Leave | Sick Leave | Personal Holiday | Total Leave to be Donated |

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| **DONOR’S AUTHORIZATION AND SIGNATURE** | |
| I voluntarily donate the following total leave hours to the employee designated above and request departmental approval. I understand that these donated leave hours will be deducted from my current, appropriate leave balance(s) and that any shared leave not used by the receiving employee will be restored to me on a pro rata basis.  I do  or I do not  consent to the release of my name to the person receiving shared leave. | |
| Signature | Date |

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| ***For Use by Human Resources*** | | | | | | |
| Donor Leave Balances as of: | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Vacation Leave | Sick Leave | | Personal Holiday |  | Balance of Applicable Leave After Transfer |  |
| **Donation Request**  Approved  DisapprovedAnniversary Date (annual leave only) \_\_\_\_\_\_\_\_\_\_\_\_\_  Percent of Full-time Employed \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | | |