WENATCHEE VALLEY COLLEGE

**WASHINGTON STATE UNIFORMED SERVICE SHARED LEAVE POOL**

**REQUEST FORM**

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| **EMPLOYEE INFORMATION** | | |
| Recipient’s Name (Last, First, MI) | SSN or SID Number | E-mail Address |
| Agency  **Wenatchee Valley College** | Address | Contact Phone # |
| Power of Attorney (POA) Name  (If applicable – Attach copy) | POA Contact Phone Number | POA E-mail Address |

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| **WHY IS SHARED LEAVE NEEDED?** |
| Maintain the level of state compensation consistent with the amount that would have been received if I remained in active state service  Maintain the level of state compensation and employee benefits  Maintain employee benefits (8 hours per month) |

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| **STATE SALARY INFORMATION** |
| Is your most recent state earnings statement attached?  Yes  No (Explain)  Is the earnings statement you provided representative of your normal earnings?  Yes  No - How is this statement different?  Do you receive any of the following:  Special Pay  Shift differential  Other (Explain) |

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| **MILITARY SALARY INFORMATION** | | | |
| Are your military orders attached?  Yes  No (Explain)  Is your Military Leave & Earnings Statement Attached?  Yes  No (Explain) | | | |
| **Military Pay Summary – Please provide the following military salary information**  The definition for military salary for the purposes of the Uniformed Service Shared Leave pool is the base, specialty, and other pay but does not include allowances such as the basic allowance for housing. | | | |
| Branch of Service | Length of Deployment | Rank | Total Years of Service |
| Base Pay | Specialty Pay | Other Pay | |
| Command Contact to verify Military Salary | Command Phone # | Command E-mail | |

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| --- | --- |
| **ANTICIPATED STATE OR MILITARY SALARY CHANGES** | |
| Anticipated State Salary changes: | Anticipated Military Salary changes: |
| **COMMENTS:** | |
| *By my signature, I certify that this information is true and complete to the best of my knowledge. Additionally, I authorize the Military Department to contact my Command at any time during my activation to verify military pay information. Finally, I understand that if I am approved for Uniformed Service Shared leave “to make up a salary difference”, I have a responsibility to notify the Military Department of any changes to my military and/or state salary or military orders.*  Name:  Date: | |

**PERSONNEL/PAYROLL INFORMATION**

**(To be completed by Human Resource/Payroll Office)**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee | SSN Number | Date and Time Form Received from Employee | |
| **STATE SALARY INFORMATION** | | | |
| Job Classification | Base Salary - Range Step | Is the employee Represented or Non-Represented? | |
| Special Pay | Shift Differential | Next PID | |
| **LEAVE BALANCE** | | | |
| Vacation | Personal Holiday | Military Leave | |
| **COLLEGE CONTACTS** | | | |
| Human Resource Contact | Phone | | E-mail |
| Payroll Contact for Leave Transfer | Phone | | E-mail |
| **COLLEGE APPROVAL** | | | |
| By submission of this form, I certify that the recipient meets all of the criteria required in RCW and that they followed college policy and procedures to be eligible for leave donations. | | | |
| Name | Title | | Date |

**Please forward completed form to**:

Washington Military Department

State Human Resource Office

Camp Murray, Bldg # 33, Tacoma WA 98430-5006

Fax: (253) 512-7808

Questions may be directed to Military Department Human Resources at 253-512-7522.

The Public Records Act, RCW 42.17.250, et.seq. requires disclosure of public records unless they are exempt.  If requested, non-exempt public records in the possession of the Department of Personnel will be released.  Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.

C: Employee, Supervisor, Payroll, Shared Leave File