**INSTRUCTIONS:** Use this form if you are volunteering as an organ donor to request to receive donated shared leave.

**DISTRIBUTION**: Forward the completed form to the HR Operations office that serves your unit.

See <http://hr.uw.edu/ops/leaves/shared-leave/> for information and definitions relating to Shared Leave.

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| PART 1 – Recipient’s Information: To be completed by Requestor | | | | |
| Have you already applied and been accepted as an organ donor? Check the box that applies:  **YES  NO** | | | | |
| Anticipated dates of time off work that you will need as an organ donor: Leave Start Date:       Leave End Date: | | | | |
| Anticipated total hours of work that you will need as an organ donor:       Hrs. | | | | |
| Last Name: | First Name: | Middle Name: | | UW EID: |
| Employment Date: | Employing Department: | | UW Box Number: | |
| Requesting Employee Signature  \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | Phone Number: | |

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| PART 2 – Department: To be completed by Receiving Department | | |
| If you approve your employee’s request to receive organ donor shared leave, complete this form and send it to your HR Operations office for review and processing. | | |
| Current Employee Balances: Vacation Leave:      ; Sick Leave:      ; Compensatory Time:  Personal Holiday used?  Ye  s No | | |
| Please indicate the billing worktags to be credited with shared leave (i.e., Company + Driver Worktag **OR** Company + Driver + Fund). Only one set of billing worktags is required to complete this section. If splitting across multiple budgets, please provide the additional billing worktags and indicate the distribution percentage. | | |
| Billing worktags: | % Distribution | |
| Billing worktags: | % Distribution | |
| Billing worktags: | % Distribution | |
| Billing worktags: | % Distribution | |
| I have reviewed the employee's request to receive shared leave.  The employee has followed department sick leave use guidelines. | | |
| Receiving Department Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | Phone Number: |

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| PART 3 – HR Operations Office: To be completed by HR Operations Office | |
| The employee is eligible to receive shared leave. The cash value of hours donated by other employees will be converted to shared leave hours to be credited to your department budget. | |
| HR Operations Office Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | |
| Phone Number: | Shared Leave Start Date: |
| **HR Operations: Upon completion, return one copy to Department and make copies for employee file and Shared Leave File** | |

**Employee**: Forward the completed form to the HR Operations office that serves your unit.

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| HR Operations Offices | |
| **Harborview Medical Center** Fax: (206) 598-4610  325 Ninth Avenue  Box 359715  Seattle, WA 98104  Or, MedCtrFMLA@uw.edu | **UW Medical Center Montlake & Northlake** Fax: (206) 598-4610  1959 NE Pacific #BB150  Box 356054  Seattle, WA 98195  Or, MedCtrFMLA@uw.edu |