### INSTRUCTIONS: Use this form to request to receive donated shared leave for one of the reasons specified below.

**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 (The employee requesting to be the recipient of shared leave fills out this section.) | | | | |
| *Select the reason you are requesting shared leave and provide the additional information requested.*  I have been called to duty in one of the uniformed services of the United States.   1. Date you are scheduled to report to active duty: 2. Length of active-duty period, if known: From       to   **We must have a copy of your orders to approve your request. Please attach a copy along with this form.**  *Please confirm the following by checking the box next to the statement. If the statement is not accurate for you, it means that you are not currently eligible to receive shared leave donations.*  As a result of my call to active duty in a uniformed service of the United States, I will have to take leave without pay or terminate employment because I do not have sufficient paid leave to cover my absence from work.  I am serving as an approved emergency worker.   1. Specify the location (city and state) where you will serve as an emergency worker: City:            State: 2. Check the following that apply:   The federal government has declared a state of emergency.  The state has declared a state of emergency.  I can provide written verification that a governmental agency or nonprofit organization has accepted my offer to volunteer my services.  **We must receive written verification that a governmental agency or nonprofit organization has accepted your services to approve your request.**  *Please confirm the following by checking the box next to the statement. If the statement is not accurate for you, it means that you are not currently eligible to receive shared leave donations.*  As a result of voluntary services as an emergency worker, I will have to take leave without pay or terminate employment because I do not have sufficient paid leave to cover my absence from work. | | | | |
| Requestor Name (Last, First, MI): | | EID: | | Requestor Phone: |
| Employment Date: | Employing Department: | | UW Box Number: | |
| Requestor Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | | |

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| PART 2: DEPARTMENT (The department of the employee requesting to be the recipient of shared leave fills out this section.) | | | |
| If you approve your employee’s request, complete this section. When completed, send all sections to your HR Operations office for review and processing. | | | |
| Current Employee Balances: Vacation Time Off:      Sick Time Off:      Compensatory Time:  Has the employee used their Personal Holiday?  Yes  No | | | |
| Administrator or Manager Name: | UW Box Number: | | |
| 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 leave use guidelines, and the use of shared leave is for the stated reason. I approve the request to receive shared leave. | | | |
| Receiving Department Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | Phone Number: |

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| **PART 3: HR OPERATIONS OFFICE** (HR Operations office completes this section.) | |
| The above 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's billing worktags. | |
| HR Operations Office Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | |
| Phone Number: | Shared Leave Start Date: |

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

**HR Operations:** Upon completion, return two copies to the Department indicated (Department copy and Donor copy) and make copies for employee file and shared leave file.