

**THE EVERGREEN STATE COLLEGE
HUMAN RESOURCE SERVICES**

DONATION OF SHARED LEAVE FORM

To donate shared leave, please complete and sign this Donation of Shared Leave Form and return it to the Human Resource Services Office in Library 3238. Please contact HRS at extension 5361 if you need assistance. HRS will verify eligibility, and will work with budget authorities for signatures and as well as with timekeepers to process the transfer of leave.

In accordance with the Shared Leave statute and under the policy of The Evergreen State College, I hereby request permission to:

Donate _____ hours of vacation (annual) leave under the provisions of the program

Donate _____ hours of sick leave under the provisions of the program

Donate _____ personal holiday under the provisions of the program

I have read and understand the provisions of the program as stated and herein certify that to the best of my knowledge I qualify to participate.

Name of Recipient: _____

Print Name of Donor _____

Signature of Donor _____

Date _____

If donating vacation (annual) leave, specify the number of days you will have as a leave balance after the donation (if known) _____.

If donating sick leave, specify the number of days you will have as a leave balance after the donation (if known) _____. Have you donated sick leave to any other parties within the last twelve months (if so, please list)? _____

Thank you.