

Completing the Shared Leave Request Form

If you have questions about completing this form, please contact your Human Resources Operations office for assistance. Please report any technical problems accessing or completing this form to uwhr@u.washington.edu.

Distribution: Send the completed form to the HR Operations office that serves your unit.

HR OPERATIONS OFFICES	
Harborview Medical Center Medical Centers Human Resources 325 Ninth Avenue Seattle, WA 98104-2499 UW Box 359715 Voice: (206) 744-9220 Fax: (206) 744-9955	Health Sciences Operations D302 Health Sciences UW Box 357250 Voice: (206) 543-9406 Fax: (206) 685-2845
Upper Campus Operations Bloedel Hall, Lower Level Box 354561 Voice: (206) 543-2354 Fax: (206) 685-0636	UW Medical Center Operations BB150 UWMC Box 356054 Voice: (206) 598-6116 Fax: (206) 598-4610

SHARED LEAVE REQUEST

For Active duty in a Uniformed Service of the USA or for serving as an emergency worker

*See "<http://www.washington.edu/admin/hr/polproc/leave/shared-leave.html>" for information and definitions relating to Shared Leave

(Medical Center staff must route the completed form along with a complete copy of requesting employee's current Form 220, Official Record of Hours Worked, Leave and Overtime.)

TO BE COMPLETED BY REQUESTING EMPLOYEE

Select the reason you are requesting shared and provide the additional information requested.

I have been called to duty in one of the uniformed services of the United States

Date you are scheduled to report to active duty; mm/dd/yy

Length of active duty period, if known: From mm/dd/yy to mm/dd/yy

PROVIDE A COPY OF YOUR ORDERS – We must have a copy of your orders 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 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.

OR

I am serving as an approved emergency worker.

Specify the location (city and state) where you will serve as an emergency worker: City _____ State: _____

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 service 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..

Last Name:	First Name:	Middle:	EID:
Employment Date:	Employing Department:	UW Box Number:	

Signature _____ Date _____ Phone Number _____

TO BE COMPLETED BY RECEIVING DEPARTMENT

If you approve your employee's request, 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? Yes No

Administrator or Manager: _____ UW Box Number: _____

Budget No. to be Credited with Shared Leave:	% Distribution	Task:	Option:	Project:

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.

Signature _____ Date _____ Phone Number _____

HR OPERATIONS OFFICE

The requesting 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.

Signature _____ Date _____ Shared Leave Begins Date _____

Phone Number _____ Month/Date/Year _____

HR Operations: Upon completion, return one copy to Department and make copies for employee file and Shared Leave File