

VETERAN'S IN-SERVICE SHARED LEAVE POOL

Recipient Form

RECIPIENT INFORMATION			
(to be completed by requestor)			
<u>Name (Last, First, MI)</u>	<u>Personnel Number</u>	<u>Email</u>	
<u>Agency</u>	<u>Division/Unit</u>	<u>Phone</u>	
<u>Timekeeper's Name</u>	<u>Email</u>	<u>Phone</u>	
<u>Specific days and hours for donated leave usage (if known):</u>		<u>Amount of Hours Requested:</u>	
VISSLP Shared Leave Eligibility Please attach applicable supporting documentation - WAC 357-31-805			<input type="checkbox"/> Attached
<input type="checkbox"/> Employee <input type="checkbox"/> Spouse is a veteran attending medical appointments or treatments for service-connected injury or disability.			
PERSONNEL/PAYROLL INFORMATION			
(to be completed by HR/Payroll)			
SALARY			
<u>Base Salary – Range Step</u>	<u>Shift Differential</u>	<u>Special Pay</u>	
Leave Balances			
<u>Vacation:</u>	<u>Sick:</u>	<u>PH:</u>	<u>Comp:</u>
<u>Date employee will exhaust all available leave:</u>	<u>Agency #</u>	<u>Fund #</u>	
<u>Hours Requested (see above)</u>	<u>Funds Requested (total monthly salary / 174 x hours requested)</u>		
<u>Human Resource Contact</u>	<u>Phone</u>	<u>Email</u>	
<u>Payroll Contact for JV transfer</u>	<u>Phone</u>	<u>Email</u>	
SIGNATURES			
Employee			Date
HR/Payroll			Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approving Authority		Date