

WASHINGTON STATE
Veterans In-Service Shared Leave Pool (VISSLP)
LEAVE DONATION FORM

DONOR INFORMATION			
Donor's Name (Last, First, MI)	Contact Phone #	E-mail Address	
Agency	Address		
Job Classification	Personnel #	Current Salary	
LEAVE DONATION			
<p>An employee may donate vacation leave, sick leave, or all or part of a personal holiday to the VISSLP if the donating employee's employer approves the employee's request to donate leave and:</p> <ul style="list-style-type: none"> • Vacation leave: The donation will not cause the donor's vacation leave balance to fall below 80 hours after the transfer. For part-time employees, requirements for vacation leave balances are prorated. • Sick leave: The donation will not cause the donor's sick leave balance to fall below 176 hours after the transfer. • Personal holiday: The donating employee's employer approves the employee's request to donate all or part of their personal holiday to the USSLP. 			
Donation Amount (Hours)			
Vacation	Sick	Personal Holiday	
DONOR'S AUTHORIZATION AND SIGNATURE			
<p>I voluntarily authorize the deduction of the number of hours indicated above from my associated accrued vacation leave, sick leave and/or personal holiday. I am donating this leave to enable an employee or employees spouse who is a current member of the uniformed services or is a veteran, who is attending medical appointment or treatments for a service connected injury or disability who has a service connected disability. I understand that the hours I donate to the VISSLP Program cannot be donated to a specific individual and that the hours are not recoverable.</p>			
Signature		Date	
DONOR'S HUMAN RESOURCE OFFICE			
Available Leave Balances as of			
Vacation	Sick	Personal Holiday	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____			
Human Resource Director's Signature			Date
DONOR'S PAYROLL OFFICE			
Donated Leave Converted to Dollars			
Vacation	Sick	Personal Holiday	JV #
Processed on:		By:	