

# VETERAN'S IN-STATE SERVICE SHARED LEAVE POOL Recipient Form

<b>RECIPIENT INFORMATION</b> (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 employee will be out on leave due to service-related injury</u>			<u>Total hours of leave</u>	
<b>VISSLP Shared Leave Eligibility</b> 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, including U.S. Department of Veterans Affairs compensation and pension exams.				
<b>PERSONNEL/PAYROLL INFORMATION</b> (to be completed by HR/Payroll)				
<b>SALARY</b>				
<u>Base Salary – Range Step</u>	<u>Shift Differential</u>		<u>Special Pay</u>	
<b>Current Leave Balances:</b>	Comp:	Vac:	Sick:	PH:
<b>Leave accruals between now and return to work:</b>	Vac:		Sick:	PH:
Date employee will exhaust all available leave:	<u>Agency #</u>	<u>Fund #</u>	<u>A/L Accrual Rate</u>	
<u>Hours Requested*</u>	<u>Funds Requested (total monthly salary / 174 x 1.46 (loaded rate) 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>	
<b>SIGNATURES</b>				
<b>Employee</b>				<b>Date</b>
<b>HR</b>				<b>Date</b>
<b>Payroll</b>				<b>Date</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Approving Authority</b>			<b>Date</b>

\* (Total Hours of Leave) – (Current Leave Balance) – (total leave accruals between now and return to work)