

VETERAN'S IN-STATE SERVICE SHARED LEAVE POOL

Recipient Renewal Form

This form should be filled out when you are an employee who has previously been approved for VISSLP and are requesting additional leave.

RECIPIENT INFORMATION (to be completed by requestor)				
<u>Name (Last, First, MI)</u>	<u>Personnel Number</u>		<u>Email</u>	
<u>Specific days and hours employee will be out on leave due to service-related injury per Dr. note:</u>			<u>Total hours of leave</u>	
PERSONNEL/PAYROLL INFORMATION (to be completed by HR/Payroll)				
MONTHLY SALARY				
<u>Base Salary Amount</u>	<u>Shift Differential Amount</u>		<u>Special Pay Amount</u>	
Current Leave Balances:	<u>Comp:</u>	<u>Vac:</u>	<u>Sick:</u>	<u>PH:</u>
Leave accruals between now and return to work:		<u>Vac:</u>	<u>Sick:</u>	<u>PH:</u>
<u>Date employee's VL AND SL will dip below 40 hours:</u>	<u>Agency #</u>		<u>Fund #</u>	<u>A/L Accrual Rate</u>
<u>Hours Requested</u>	<u>Funds Requested (total monthly salary / 174 x 1.48 (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>	
SIGNATURES				
Employee				Date
HR I have reviewed Summary of Benefits and Dr's note and verify that: <input type="checkbox"/> the purpose of leave is tied to their service-connected injury <input type="checkbox"/> the date(s) of leave requested are based on documented Dr's notes				Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approving Authority			Date

VISSLP **DOES NOT** pay leave retroactively. This completed form and all required attachments must be sent to VISSLP@dva.wa.gov by Payroll Day 3 of the first requested VISSLP day to be reviewed for eligibility.