SHARED LEAVE DONATION

INSTRUCTIONS: Please type or print clearly and forward to:
Columbia Basin College
Human Resources Office
A-Building (MS-A2)

Section I: Donor –complete this section and forward the completed form to the Human Resources Office.

Employee Name	Receiving Employee Name (Last, First, MI)	
____ Classified _____ Exempt _____Faculty	SID Number	Anniversary Date
Department	Work Phone	Email

I voluntarily donate the following total leave hours to the employee designated above. I understand that these donated leave hours will be deducted from my current, appropriate leave balance(s) and that any shared leave not used by the receiving employee will be restored to me on a pro rata basis.

Total Leave Hours Donated:_____ Hours (must be the same as "Total Hours Donated" Box below)

Donor Employee Signature_____Date_____

Vacation Leave	Donor Completes	Human Resources Office Completes	
DONOR EMPLOYEE: Complete this section to donate **vacation** hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate vacation hours which would reduce the balance to less than eighty (80) hours for full time employment; prorated for part time employment. Also, you may not donate any excess vacation hours above the 240 maximum that you would otherwise be unable to use because of an approaching anniversary date. (Classified and Administration only) (ALS)	VAC Hours Donated	Current VAC Hours	VAC Balance After Donation

Sick Leave	Donor Completes	Human Resources Office Completes	
DONOR EMPLOYEE: Complete this section to donate **sick leave** hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate sick leave hours which would reduce the balance to less than 176 hours for Classified Staff or 22 days for Administration and Faculty. (SLS)	CSL Hours Donate	Current CSL Hours	CSL Balance After Donation
Personal Holiday	Donor Completes	Human Resources Office Completes	
DONOR EMPLOYEE: Complete this section to donate your **personal holiday** hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours. Unused personal holiday hours will be restored only if returned within the same calendar year. (Classified and Exempt only) (PHS)	PH Hours Donated	PH Hours Available	PH Balance After Donation
All donated leave will be deducted from the appropriate leave balance(s) }	**Total Hours Donated**		

Section II: Human Resources Office

The cash value of these hours will be credited to the shared leave account of the designated employee. As applicable, this amount will be charged to your department budget as it is used by the designated employee.

HR Office Approval Signature_____Date_____

The above-named employee is eligible to donate the following leave effective:

_____|_____|_____
Month Day Year

PAYROLL USE ONLY:

Salary: _____/_____ = $_____

x 1.40 = $ _____

x 8 = $ _____ Hourly Rate

Donor Budget Account: _____

_____

Receiving Employee:_____

ALR _____ SLR _____ PHR _____

Revised 1/20/08