

**WALLA WALLA COMMUNITY COLLEGE
APPLICATION TO DONATE LEAVE FOR SHARED LEAVE
FORM 5410F2**

PART 1 – TO BE COMPLETED BY THE DONATING EMPLOYEE

Thank you for your interest in supporting a colleague in need.

You may request to donate leave in full one-hour increments that will be deducted from your current balance. You may not donate vacation leave that would reduce your balance to less than eighty (80) hours or hours that you would be unable to use because they are in excess of the maximum accrual days allowed. You may not donate sick leave that would reduce your balance to less than twenty-two (22) days. You may donate all or part of your personal holiday. The cash value of these hours will be credited to the account of the designated receiving employee. Any shared leave not used by the receiving employee will be returned to you on a pro-rata basis.

Please complete and sign this form and submit it to the Payroll and Benefits Department.

Name of employee you want to donate to: _____

Hours to be donated: _____
Sick Leave Vacation Leave Personal Holiday

Your Name SID # Phone #

Your Signature Date

PART 2 – TO BE COMPLETED BY THE PAYROLL DEPARTMENT

You are eligible and approved to donate hours as follows:

Sick Leave Vacation Leave Personal Holiday

Assistant Director of Payroll and Benefits/designee Date