

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

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**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 Department.***

Name of employee you want to donate to: \_\_\_\_\_

Hours to be donated: \_\_\_\_\_  
   Sick Leave    Vacation Leave    Personal Holiday

\_\_\_\_\_  
Your Name    WarriorLink ID #    Phone #

\_\_\_\_\_  
Your Signature    Date

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**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

\_\_\_\_\_  
Payroll Manager Signature    Date