Shared Leave Donation Request Form

Updated: May, 2011

Please complete this form to authorize your donation of annual leave in the name of a specific University of Idaho employee or to the Shared Leave Pool as allowed by the UI Shared Leave Program. FSH 3710, K-3

Return the completed form to Payroll and Benefit Services:
Campus Zip: 4332 / Email: benefits@uidaho.edu / Fax: 208-885-3330

Name:	**Vandal Number or SSN:**	**Department:**
Phone Number:	**Email:**	

Job Classification:

☐ Fiscal Year Faculty ☐ Non-Faculty Exempt ☐ Classified

Please Note: Academic Year Faculty are ineligible to donate annual leave; however, they may be eligible to receive shared leave if needed

Please transfer _____* (☐ Hours ☐ Days) of my annual leave to:

☐ Shared Leave Pool
☐ Direct Donation to another employee: _____
Name of Desired Recipient

→ If the recipient you indicate is unable to use any or all of your donation, do you want the remaining balance of donated leave transferred to the Shared Leave Pool? ☐ Yes ☐ No

My identity may be released to the recipient upon inquiry: ☐ Yes ☐ No

Have you taken any annual leave in the last two weeks?** ☐ Yes ☐ No

→ If yes, please list the days and hours taken: _____

* Donations may be made in .5 hour increments. Donation may not cause your annual leave balance to fall below 40 hours. If you are within 40 hours of reaching your maximum annual leave accrual, you may only donate to individuals approved to receive shared leave.

** Annual leave balances are two weeks in arrears; therefore, any annual leave taken in the previous two weeks is not reflected in your current leave balance.

Signature of Donor: _____ **Date:** _____

Human Resource Services Only

Current AL balance:	Effective pay period:	Budget source(s):
Hourly rate of donation:	Dollar amount of donation:	
AL deducted pay period ending:	Date AL balances reduced:	Completed by: