



Shared Leave Donation Request Form

Updated: June, 2015

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: <input type="checkbox"/> Fiscal Year Faculty <input type="checkbox"/> Non-Faculty Exempt <input type="checkbox"/> 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

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.

*** 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: