

**WASHINGTON STATE
UNIFORMED SERVICE SHARED LEAVE POOL – RECIPIENT FORM**

RECIPIENT'S INFORMATION

(to be completed by requestor)

Recipient's Name (Last, First, MI)	Personnel Number	E-mail Address
Agency	Address	Contact Phone #
Power of Attorney (POA) (If applicable – Attach copy)	POA Contact Phone #	POA E-mail Address

WHY IS SHARED LEAVE NEEDED?

- Maintain the level of state compensation consistent with the amount that would have been received if I remained in active state service
- Maintain the level of state compensation and employee benefits
- Maintain employee benefits (8 hours per month)

STATE SALARY INFORMATION

Is your most recent state earnings statement attached? Yes No (Explain)

Is the earnings statement you provided representative of your normal earnings? Yes No - How is this statement different?

Do you receive any of the following: Special Pay Shift differential Other (Explain)

MILITARY SALARY INFORMATION

Are your military orders attached? Yes No (Explain)

Is your Military Leave & Earnings Statement Attached? Yes No (Explain)

Military Pay Summary – Please provide the following military salary information

The definition for military salary for the purposes of the Uniformed Service Shared Leave pool is the base, specialty, and other pay but does not include allowances such as the basic allowance for housing.

Branch of Service	Length of Deployment	Rank	Total Years of Service
Base Pay	Specialty Pay	Other Pay	
Command Contact to verify Military Salary	Command Phone #	Command E-mail	

ANTICIPATED STATE OR MILITARY SALARY CHANGES

Anticipated State Salary changes:

Anticipated Military Salary changes:

COMMENTS:

By my signature, I certify that this information is true and complete to the best of my knowledge. Additionally, I authorize the Military Department to contact my Command at any time during my activation to verify military pay information. Finally, I understand that if I am approved for Uniformed Service Shared leave "to make up a salary difference", I have a responsibility to notify the Military Department of any changes to my military and/or state salary or military orders.

Name:

Date:

PERSONNEL / PAYROLL INFORMATION

(To be completed by the agency Human Resource / Payroll Office)

Employee	Personnel Number	Date and Time Form Received from Employee
STATE SALARY INFORMATION		
Job Classification	Base Salary - Range Step	Is the employee Represented or Non-Represented?
Special Pay	Shift Differential	Next PID
LEAVE BALANCE		
Vacation	Personal Holiday	Military Leave
AGENCY CONTACTS		
Human Resource Contact	Phone	E-mail
Payroll Contact for Leave Transfer	Phone	E-mail
AGENCY APPROVAL		
By submission of this form, I certify that the recipient meets all of the criteria required in RCW and that they followed agency / institution policy and procedures to be eligible for leave donations.		
Name	Title	Date

Please forward completed form to:

Washington Military Department
State Human Resource Office
Camp Murray, Bldg # 33, Tacoma WA 98430-5006
Fax: (253) 512-7808

Questions may be directed to Military Department Human Resources at 253-512-7522.

The Public Records Act, RCW 42.17.250, et.seq. requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.