WSNA NEGOTIATIONS

DONATION OF VACATION TIME REQUEST

EMPLOYEE MAKING DONATION Date of Request: _____

Employee Name: _____ Employee #: _____

☐ Check here if you wish your donation to be anonymous.

Hours to be donated (check one only): ☐8 hrs ☐16 hrs ☐24 hrs ☐32 hrs ☐40 hrs or
☐ _____(write in hours to be donated-~~**must be increments of 8**~~)
Must be in one-hour increments and no less than one hour.

(Donations must be in 8 hour (1 day) increments; to make a donation an employee must have **48** hours (6 days) in his/her vacation, annual leave or PTO bank or **120** hours in annual leave bank if classified as an Inpatient RN prior to donating hours). Donating employee must maintain at least a 40-hour donation balance in his/her in his/her vacation, annual leave or PTO bank.

IMPORTANT:
Recipient cannot use donated time until the payroll cycle after the donation is entered.

Is the recipient on an approved current or future Leave of Absence? ☐ Yes ☐ No ☐ Unsure

What is the reason for your donation of vacation time? WSNA NEGOTIATIONS

EMPLOYEE RECEIVING DONATION:

Employee Name: _____ Department: _____

I HEREBY VOLUNTARILY AUTHORIZE THE VACATION, ANNUAL LEAVE OR PTO HOURS STATED ABOVE BE DONATED TO THE EMPLOYEE STATED ABOVE.

I UNDERSTAND THAT THIS IS VOLUNTARY AND MY DONATION IS IRREVOCABLE.

I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR OBTAINING MY SUPERVISOR'S AUTHORIZATION AND THEN FORWARDING THIS FORM TO HUMAN RESOURCES FOR PROCESSING.

_____	_____	_____
Employee Signature	Department	Date
_____	_____	_____
Supervisor Signature	Supervisor Printed Name	Date

SUBMIT COMPLETED FORM TO: HR Benefits ~ M5-HR, or FAX: 206-341-0125

TO BE COMPLETED BY HUMAN RESOURCES:		
Donating employee	Employee receiving donation	
VAC/AL/PTO HRS AVAIL: _____	EE #: _____	DONATION APPROVED: __Y __N
CONTRACT CODE: _____	ELIGIBLE? (APPROVED LEAVE OR CATASTROPHIC EVENT): __Y __N	DATE APPROVED: _____
		APPROVED BY: _____