

WILLAMETTE UNIVERSITY

Shared Leave Donation Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

Work Phone \_\_\_\_\_

Please transfer my leave to \_\_\_\_\_ in the amount(s) indicated below, to be used as shared leave.

Sick Leave \_\_\_\_\_ hours Total Leave to be donated: \_\_\_\_\_

Vacation \_\_\_\_\_ hours \_\_\_\_\_ hours

\*Note: IRS has determined that such a benefit transfer does not create a taxable transfer for either the donor or the recipient. However, because the recipient receives \_\_\_\_\_ which would not otherwise have been earned, the additional pay to the recipient will be taxable.

I voluntarily donate paid leave, in the amount(s) specified, to the designated individual as shown above. I understand the rules listed on the back of this form. I understand that these donated leave hours will be deducted from my current leave \_\_\_\_\_(s) and that any Shared Leave \_\_\_\_\_ used by the receiving employee will be restored to me on a pro rata basis.

I do \_\_\_\_\_ or do not \_\_\_\_\_ consent to the release of my name, if requested by the recipient.

\_\_\_\_\_  
Signature of Donating Employee

\_\_\_\_\_  
Date

HUMAN RESOURCES/PAYROLL USE ONLY:

Date received: \_\_\_\_\_

Leave Balances:

Sick Leave \_\_\_\_\_ hours Total Leave donated: \_\_\_\_\_  
Vacation \_\_\_\_\_ hours \_\_\_\_\_ hours

Donation approved \_\_\_\_\_ or not approved \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WILLAMETTE UNIVERSITY**  
**SHARED LEAVE DONATIONS**