

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