

WASHINGTON STATE UNIVERSITY
SHARED LEAVE
EMPLOYEE REQUEST
Uniformed service and emergency volunteer

Please return form to: WSU Human Resource Services (HRS)
Office Location: 139 French Administration Building
OR Mailing address: PO Box 641014
Pullman, WA 99163-1014
OR Fax: 509-335-1259
Questions? Call HRS at: 509-335-4521

Use this form to apply for Shared Leave due a call to active duty in the uniformed services or for serving as an emergency volunteer. Return this form to the Human Resource Services Pullman office along with the appropriate supporting documentation as described below.

A EMPLOYEE INFORMATION (please print)

Name of Employee (Last, First, MI)	WSU ID #
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Leave balances reported on last time/leave report

Time/Leave Report Month (MM/YYYY)	Annual Leave Balance	Military Leave Balance (if applicable)
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Have you used your personal holiday for this year? Yes No

B CERTIFICATION OF REASON FOR LEAVE (please select applicable reason for request)

Called to uniformed service of the United States

Date you are scheduled to report for active duty ____/____/____
Active duty period (if known) ____/____/____ through ____/____/____

Note, you must provide a copy of your orders as supporting documentation for your request.

Called to service as an approved emergency volunteer

City and State where serving as an emergency volunteer:

Check all that apply:

- The federal government has declared a state of emergency
- The state has declared a state of emergency
- I can provide written verification that a governmental agency or nonprofit organization has accepted my offer to volunteer my services

Note, you must provide written verification that a governmental agency or nonprofit organization has accepted your services as supporting documentation for your request.

C ANNOUNCEMENT OF SHARED LEAVE

If request is approved: I consent I DO NOT consent
To the publication of my name in WSU Today and WSU Announcements noting my need for Shared Leave donations.

D EMPLOYEE SIGNATURE

I understand it may be necessary for WSU representatives to share this information for purposes related to establishing eligibility for Shared Leave. I authorize WSU to share this information among appropriate staff and authorized representatives to the extent necessary to determine whether Shared Leave is necessary and to administer the Shared Leave process. I understand that information obtained under this release is a confidential medical record and is maintained separately from my personnel file.

I certify that as a result of my call to active duty in a uniformed service of the United States or as a result of voluntary service as an emergency worker, I will have to take leave without pay or terminate employment because I do not have sufficient paid leave to cover my absence from work.

By signing below I acknowledge that I have read and agree to the above.

Employee Signature	Date
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