

Shared Leave Donation Form

(Please Print)

Employee: _____

Employee ID No.: _____

Department: _____

Extension: _____

Supervisor: _____

No employee may make a transfer of vacation leave that would reduce his or her accrual balance below 80 hours. Cannot exceed forty (40) hours in a fiscal year and must be in minimum increments of four (4) hours.

I would like to transfer _____ hours of vacation leave to:

Boise State Employee's Name: _____

Department: _____

Employee Signature

Date

Human Resource Services Use Only

Employee Eligibility:

Benefit Eligible (circle one): Yes No

Vacation hours donated previously: _____

Vacation hours donated for pay period ending (____ / ____ / ____): _____

Total vacation hours donated: _____

Total vacation hours available to donate: _____

Vacation Leave Balance: _____

Vacation Leave Balance remaining after this donation: _____

Approved: _____

Disapproved: _____

Jane Kinn Buser, Director

Date

Please return to: 1910 University Drive •A-218 • Boise, ID •83725-1265

Phone: 208-426-1616 • Fax: 208-426-3100

Photocopy as needed