

SHARED LEAVE PROGRAM
(Only for approved leave under the shared leave program)
Wichita State University Shared Leave Donation Form

Part I – To be completed by employee

Name: _____ Employee ID #: _____
Employee's Department: _____
Campus Box #: _____ Work Phone: _____

Active employee

Donations must be made in full-hour increments. Vacation leave balance must be at least 80 hours and the sick leave balance must be at least 480 hours after the donation is made. Donations are added to a campus shared leave balance and cannot be donated to a specific individual.

Please indicate the type and amount of leave to be donated:

Vacation Leave Hours: # hours donated _____

Sick Leave Hours: # hours donated _____

I understand that my donation is voluntary. I further understand that any donated leave will not be returned. I understand that my leave balance will be decreased by the amount contributed and may take 2-3 weeks processing time. I understand this donation may affect the payout of sick leave upon retirement or the payout of vacation leave upon any termination.

Employee Signature Date

Separating employee

Please indicate the type and amount of leave to be donated:

Vacation Leave Hours: # hours donated: _____

Sick Leave Hours: # hours donated: _____

Donate all remaining hours upon separation after payouts have been made

I understand that my donation is voluntary. I further understand that any donated leave will not be returned. Donation will be completed after any applicable payouts are processed.

Employee Signature Date

Part II – To be completed by the Payroll Office

Entered By Date

(Revised 11/2021)

Please return to the Payroll Office via email at payroll@wichita.edu