WENATCHEE VALLEY COLLEGE

**VETERANS IN-SERVICES SHARED LEAVE POOL**

**REQUEST FORM**

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| --- |
| **RECIPIENT INFORMATION** |
| Recipient’s Name (Last, First, MI) | SSN or SID Number | E-mail Address  |
| Agency**Wenatchee Valley College** | Address | Contact Phone # |
| Specific days and hours employee will be out on leave due to service-related injury. | Total Hours of Leave |

|  |  |
| --- | --- |
| **VISSLP SHARED LEAVE ELIGIBILITY****Please attach applicable documentation per WAC 357-31-805 and procedure 1500.385** | [ ]  Attached |
|  [ ]  Employee [ ]  Spouse is a veteran attending medical appointments or treatments for service-connected injury or disability, including U.S. Department of Veterans Affairs compensation and pension exams. |

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| **HUMAN RESOURCES/PAYROLL INFORMATION****(To be completed by Human Resource/Payroll Office)** |
| **STATE SALARY INFORMATION** |
| Base Salary - Range Step  | Shift Differential | Special Pay |
| **Current Leave Balances:** | Comp:  | Vac:  | Sick: | PH: |
| **Leave Accruals between now and return to work:** | Vac:  | Sick:  | PH:  |
| Date employee will exhaust all available leave: | Agency # Wenatchee Valley College #686 | Fund# | A/L Accrual Rate: |
| Hours Requested:\* | Funds Requested (total monthly salary / 174 x (check OFM rate) x hours requested: |
| Human Resource Contact | Phone | Email: |
| Payroll Contact for JV Transfer | Phone | Phone |
| **SIGNATURES**  |
| Employee | Date |
| Human Resources | Date |
| Payroll | Date |
| [ ]  Approved[ ]  Denied | College President | Date |

 \*(Total Hours of Leave)- (current Leave Balance) – (total leave accruals between now and return to work)

**Forward completed form to**: Washington State Department of Veterans Affairs

 1102 Quince St SE | PO Box 41150

 Olympia WA 98504-1150

 1.800.562.2308

C: Employee, Supervisor, Payroll, Shared Leave File