

# VETERAN'S IN-STATE SERVICE SHARED LEAVE POOL

## Recipient Renewal Form

This form should be filled out when you are an employee who has previously been approved for VISSLP and are requesting additional leave.

Use of this form means there has been no update in timekeeper, HR, or payroll contacts; salary, Agency or fund numbers. If there has been an update in any of these, please use the basic recipient form.

RECIPIENT INFORMATION (to be completed by requestor)				
<u>Name (Last, First, MI)</u>		<u>Personnel Number</u>		<u>Email</u>
<u>Specific days and hours employee will be out on leave due to service-related injury per Dr. note:</u>				<u>Total hours of leave</u>
PERSONNEL/PAYROLL INFORMATION (to be completed by HR/Payroll)				
Leave Balances				
<u>A/L Accrual Rate:</u>	<u>Comp:</u>	<u>Vac:</u>	<u>Sick:</u>	<u>PH:</u>
<b>Leave accruals between now and return to work:</b>		<u>Vac:</u>	<u>Sick:</u>	<u>PH:</u>
<u>Date employee's VL AND SL will dip below 40 hours:</u>			<u>Hours Requested:</u>	
<u>Funds Requested (total monthly salary / 174 x 1.48 (loaded rate) x hours requested) (please show work)</u>				
SIGNATURES				
<b>Employee</b>				<b>Date</b>
<b>HR</b> I have reviewed Summary of Benefits and Dr's note and verify that: <input type="checkbox"/> the purpose of leave is tied to their service-connected injury <input type="checkbox"/> the date(s) of leave requested are based on documented Dr's notes				<b>Date</b>

VISSLP **DOES NOT** pay leave retroactively. This completed form and all required attachments must be sent to **VISSLP@dva.wa.gov** by Payroll Day 3 of the first requested VISSLP day to be reviewed for eligibility.