

Boise State University – Human Resources

Shared Leave Contribution 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 eighty (80) hours in a fiscal year and must be in minimum increments of four (4) hours.

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

Boise State Employee's Name: _____

Department: _____

Employee Signature

Date

.....
Human Resources Use Only

Employee Eligibility:

Benefit Eligible (circle one): Yes No

Vacation hours previously contributed _____

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

Total vacation hours contributed: _____

Total vacation hours available to contribute: _____

Vacation Leave Balance: _____

Vacation Leave Balance remaining after this contribution: _____

Approved: _____

Disapproved: _____

Human Resources

Date

Please return to: 2225 W University Drive • Capitol Village, #3 • Boise, ID • 83725-1265

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

Photocopy as needed