



## VSL WORKSHEET VOLUNTARY SHARED LEAVE DONATION(S) RECORD

**NOTE:** Complete Sections 1 & 2. Please sign and date in Section 4 as 'Signature 1' and forward to the VSL Program Coordinator along with the completed VSL Application. Once all VSL donations have been approved and applied in Beacon /SAP, please complete Section 3. Please sign and date in Section 4 of the form as 'Signature 2' and forward to the VSL Program Manager in order to close out the VSL file.

**This form is REQUIRED in lieu of timesheets.**

<b>SECTION 1:</b>	
Name of Recipient	
Employee Personnel ID	
Name of Employee Work Location	
Work Location #	
Last Day Worked	

<b>SECTION 2: Projected Accrued Leave Exhaustion for original LOA / LWOP, <u>PRIOR</u> to VSL donation approval (if applicable):</b>
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Leave Exhausted AFTER Last Day worked up to Original Estimated LOA/LWOP: \_\_\_\_\_ (date)

Original LOA action submitted on (if applicable): \_\_\_\_\_ (date)

<b>SECTION 3: Exhaustion of VSL Donations</b>
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VSL Donations approved on: \_\_\_\_\_ Total Hours Donated: \_\_\_\_\_

Total Vacation Hours Donated: \_\_\_\_\_ Total Bonus Hours Donated: \_\_\_\_\_

Total Sick-Family Hours Donated: \_\_\_\_\_ Total Sick Non-Family Hours Donated: \_\_\_\_\_

VSL Donations Exhausted **along with any earned leave:** \_\_\_\_\_ (date)

Return to Work Date (if applicable): \_\_\_\_\_ (date)

VSL balance as of the date employee returned to work (if applicable): \_\_\_\_\_ (date)

Return to Work action submitted to Regional Employment/HR office on: \_\_\_\_\_ (date)

<b>SECTION 4:</b>
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Work Location Designee Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Work Location Designee Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_