

**STATE OF IDAHO
STATE CONTROLLER'S OFFICE
TRANSFER OF VACATION HOURS/RECEIPT OF SICK HOURS FORM**

Donating Agency Required Information

USER INITIALS	STATE ORG#	EFF DATE	ID	TRAN	C	ERN CD
			G 1	3 1 0	R	V H T
1-3	4-6	16-21	22	24-26	27	28-30

DONATING EMPLOYEE SSN	0	RECEIVING STATE ORG#	0	RECEIVING EMPLOYEE SSN	2	VACATION HOURS
Last 4 Digits SSN	1		2	Last 4 Digits SSN	7	
DSP Only				DSP Only		
7-15						

_____ Donating Employee's Name (Please Print)

_____ Donating Employee's Signature

_____ Date

I, the undersigned, have verified and certify that the above named employee meets all of the following criteria necessary to make him/her eligible to donate unused vacation hours to another state employees' sick leave balance as provided for in Idaho Code #67- 5334.

1. Employee has more than 80 hours of vacation balance. (Even after hours have been transferred.)
2. Employee will not exceed 80 hours of transferred vacation leave, including this transfer, in the current Fiscal Year.
3. Employee signature is present on this form.

_____ Appointing Authority Name (Please Print)

_____ *Appointing Authority Signature

_____ Date

Receiving Agency Required Information

_____ Receiving Employee's Name (Please Print)

I, the undersigned, have verified and certify that the above named employee meets all of the following criteria necessary to make him/her eligible to receive unused vacation hours from another state employee to be used as sick leave as provided for in Idaho Code #67-5334. (employee must be eligible to accrue sick leave)

1. The receiving employee is eligible **only** if he/she or a family member suffers from serious illness or injury.
2. Employee will not exceed 160 hours received from all other employees, including this transfer, in the current Fiscal year.
3. As of pay period, _____ all of the employee's sick and vacation balance will be exhausted, making him/her eligible to receive the above hours.

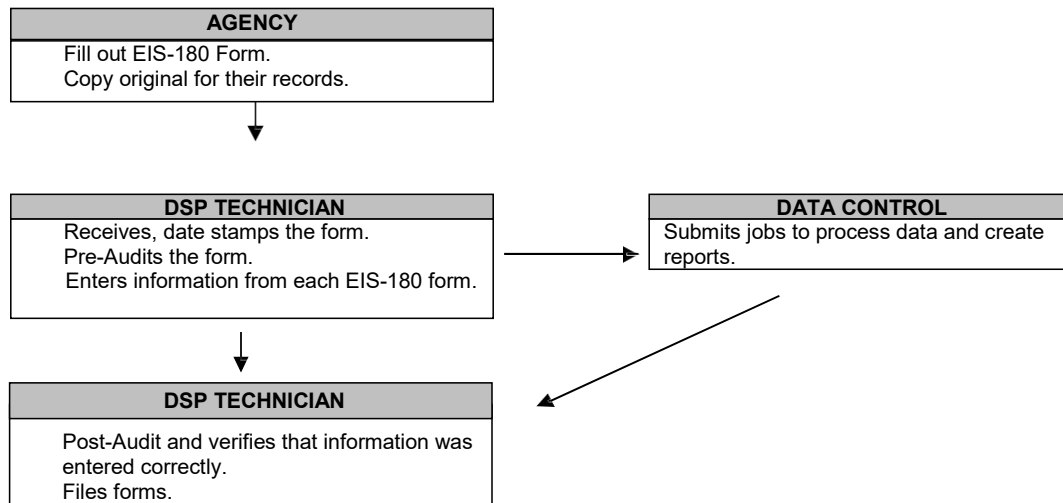
_____ Appointing Authority Name (Please Print)

_____ *Appointing Authority Signature

_____ Date

*Appointing Authority Signature must be an I-Time CPO, IPOPS Personnel Signer, or IPOPS Payroll Signer.

Flow Chart for EIS-180



PURPOSE:

The **EIS-180** form is used to transfer vacation hours from one state employee's balance into another state employee's sick leave balance.

REQUIREMENTS:

Both donating and receiving sections of the form must have an Appointing Authority Signature, even if the agency is the same in both cases.

Employee must be eligible to accrue sick and vacation leave.

The transferring hours must match the receiving hours.

Refer to IC 67-5334(g) and Division of Human Resources HR Policy Section 6: LEAVE DONATION

Donating Agency Responsibility:

- When an employee wants to donate time to another employee in a different agency, the appropriate forms must be filled out and sent by that donating employee's agency.
- Employee is not eligible to donate time if he/she does not have a vacation balance greater than 80 hours or the amount requested to transfer puts his/her vacation balance below 80 hours.
- No employee may transfer (donate) more than 80 hours of vacation leave in a given Fiscal Year.
- The name of the employee donating vacation hours must be clearly printed on the form.
- The donating employee's signature must also be present.

Receiving Agency Responsibility:

- The receiving employee is eligible **only** if he/she or a family member suffers from serious illness or injury.
Note: Criteria used to determine leave donation eligibility differs from criteria used to determine Family Medical Leave Act (FLMA) eligibility.
- No employee may receive more than 160 hours of transferred leave in a given Fiscal Year.
 Idaho Code #67-5334 states that all sick and vacation balances must be exhausted before an employee is eligible to receive donated time.
- Therefore, the receiving employee's total sick and vacation balances combined must be less than the employee's normal pay period hours (ILC Screen) prior to processing the EIS-180 form.
- The name of the employee receiving sick hours must be clearly printed on the form.

PROCESSING:

If Division of Statewide Payroll receives an **EIS-180** form **after** the due date, it **may not** be processed for the current pay period and the donated hours **may not** be available for use until the following pay period.

The EIS-180 form should only be sent to the Division of Statewide Payroll once. If it has been faxed or emailed, DO NOT send the original EIS-180 form to the Division of Statewide Payroll. Emailed forms should be sent to the DSP Help Desk, NOT to an employee of DSP. This may cause forms to be processed twice.

Note: If facts stated on the **EIS-180** form are inconsistent with the law, Division of Statewide Payroll will mark the form **'NOT PROCESSED'** and return it to the receiving agency. It will be the receiving agency's responsibility to notify the donating agency that the form was not processed.

DISTRIBUTION:

One (1) copy of the form or the original form should be mailed, e-mailed or faxed to the State Controller's Office. If the form is e-mailed or faxed to DSP, do not send the original form.

It is recommended that the agency retain a copy for their records.

PLEASE PRINT

FIELDS	EDIT	COMMENT
USER:	The initials of person filling out the form.	Required Length is 3
STATE ORG #	3-digit code assigned to your agency. Donating Employee's Agency.	Required Length is 3
EFFECTIVE DATE:	The pay period begin date that is entered, indicates when the action is effective.	Required Length is 6
ID:	Pre-filled (G1)	Required Pre-Printed Length is 2
TRAN:	Pre-filled (310)	Required

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		Pre-Printed Length is 3
CHANGE CODE:	Pre-filled (R)	Required Pre-Printed Length is 1
EARNINGS CODE:	Pre-filled (VHT)	Required Pre-Printed Length is 3
DONATING EMPLOYEE SSN:	The last four digits of the donating employee's social security number.	Required Length is 4
RECEIVING AGENCY ORGANIZATION CODE (001):	The agency where the employee receiving the hours works.	Required Length is 3
RECEIVING EMPLOYEE SSN (002):	The last four digits of the receiving employee's social security number.	Required Length is 4
VACATION HOURS (207):	Number of vacation hours that are being transferred	Required Length is 2.1 Example: 80.0
DONATING EMPLOYEE'S NAME:	Printed name of donating employee. Must be eligible.	Required
DONATING EMPLOYEE'S SIGNATURE:	Employee who is transferring vacation hours is required by Idaho Code to Sign the EIS-180 authorizing the transfer of vacation hours to another employee.	Required
DATE:	EIS-180 has been completed and signed.	Required
AUTHORIZED SIGNATURE:	The agency's appointing authority signer must be an I- Time CPO, IPOPS Personnel Signer, or IPOPS Payroll Signer. Their signature has to be on file with the State Controller's Office, DSP.	Required
DATE:	Date of Appointing Authority Signature.	Required
AS OF PAY PERIOD:	Date the entire employee's sick and vacation balance will be exhausted, making them eligible for the donated hours.	Required
AUTHORIZED SIGNATURE:	The agency's appointing authority signer must be an I- Time CPO, IPOPS Personnel Signer, or IPOPS Payroll Signer. Their signature has to be on file with the State Controller's Office, DSP.	Required
DATE:	Date of Appointing Authority Signature.	Required

DIRECTION OF EIS-180:

The **authorized signatures** will be checked upon receipt of the form to the Division of Statewide Payroll. It is necessary for both authorized signatures and the donating employee signature to be present on the form, even if the donating and receiving agencies are the same.

The **EIS-180** forms are due to DSP at the same time personnel actions are due to be processed for a particular payroll. Refer to Calendars – in the DSP Personnel/Payroll User Manual.