



Human Resources

APPLICATION TO DONATE SHARED LEAVE

Employee donating Shared Leave: _____

Building/Dept: _____ Position: _____

Employee Requesting Shared Leave: _____

Receiver Building/Dept: _____ Position: _____

Donator agrees to transfer ____ days/shifts of Sick Leave and/or ____ days/shifts of Annual Leave to the receiver.

Please read all statements and check all appropriate boxes for approval.

- I understand that if I am transferring Sick Leave, I must retain at least twenty-two (22) days/shifts in my account to be eligible to make this donation.
- I understand that if I am transferring Annual Leave, I must retain at least ten (10) days/shifts in my account to be eligible to make this donation.
- I believe the receiver suffers from, or has a relative or household member suffering from, an illness, injury, impairment or physical or mental condition which is of an **extraordinary or severe nature**; is a victim of domestic violence, sexual assault, or stalking as defined in RCW 41.04.655; or has been called to service in the uniform services; which has caused, or is likely to cause the receiver to go on leave-without-pay status or terminate employment.
- I hereby certify this request for transfer of leave is freely given and fully accept responsibility for my decision.

Employee Signature: _____ Date: _____

FOR HUMAN RESOURCES USE ONLY:

Received Time: _____ Date: _____

Total number of days/shifts available for this employee:

____ (#) Sick Days Remaining (AFTER donation)

22 Sick Days Remain

____ (#) Annual Leave Days Remaining (AFTER donation)

10 Annual Leave Days Remain

HR APPROVAL: _____ **Date:** _____

FOR PAYROLL SERVICES USE ONLY:

____ Total number of days/shifts donated for current school year

____ Number of days/shifts to donate

____ Number of days/shifts Eligible to donate

____ Number of donated days/shifts used