



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.

I understand that if I am transferring Sick Leave, I may not donate more than six (6) days/shifts of sick leave during any 12-month period and after transferring leave I must have 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 may not donate any amount of Annual Leave if my leave balance falls below ten (10) days/shifts.

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 Date/Time: _____

Total number of days/shifts available for this employee:

____ (#) Sick Days Remaining (AFTER donation)

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

- Request will not exceed 6 days this SY
Leave already donated this SY = _____
- 22 Sick Days Remain
- 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