

**Auburn School District No. 408  
Sick Leave Sharing  
Request to Share Sick Leave/Annual Leave**

**Instructions: After completing all blanks in sections I, II, and III, forward all copies to the Human Resources Office.**

**I. Employee transferring sick leave (Transferer)**

Name (please print) \_\_\_\_\_

Work Location \_\_\_\_\_

**II. Employee receiving sick leave (Receiver)**

Name (please print) \_\_\_\_\_

Work Location \_\_\_\_\_

**III. Certification**

The Transferer agrees to transfer \_\_\_ days (shifts) of sick leave OR \_\_\_ days (shifts) of annual leave to the Receiver. I understand that if I am transferring sick leave, I may not transfer more than six (6) days (shifts) of sick leave during any 12-month period and after transfer I must have at least twenty-two (22) days (shifts) in my account to be eligible to make this transfer. I understand that if I am transferring annual leave, I may not transfer any amount of annual leave if my leave balance falls below ten (10) days. I believe that 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 or has been called to service in the uniform services and which has caused, or is likely to cause, the Receiver to go on leave-without-pay status or terminate employment. I hereby certify that this request for transfer of leave was freely given and fully accept responsibility for my decision.

\_\_\_\_\_  
**Transferer's signature**

\_\_\_\_\_  
**Date**

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**OFFICE USE ONLY**

**1. Human Resources**

\_\_\_\_\_  
**Time in**

\_\_\_\_\_  
**Human Resources**

\_\_\_\_\_  
**Date**

**2. Payroll Office**

**Total number of days (shifts) donated for current fiscal year** \_\_\_\_\_

**Disposition:**

\_\_\_\_\_ **Number of donated days (shifts) used. All donated days (shifts) credited back to accumulated total.**