



REQUEST TO TRANSFER SICK LEAVE

The donation of sick leave is completely voluntary. No employee shall be coerced, threatened, intimidated, or financially induced into donating leave. Furthermore, no employee shall be discriminated against on the basis of any protected class in regards to the donation or receipt of transferred sick leave.

Please read ALL of the information below:

1. A staff member who has an accrued annual leave balance of more than fifteen (15) days may request that the superintendent or designee transfer a specified number of days to another person authorized to receive shared leave. A staff member may not request leave to be transferred that would result in an accrued annual leave balance of fewer than fifteen (15) days;
 2. A donating staff member must retain a minimum of 120 hours (15 days) of sick leave after the transfer;
 3. A staff member who does not accrue annual leave but who has an accrued sick leave balance of more than fifteen (15) days may request that the Payroll Department transfer a specified amount of sick leave to another person authorized to receive shared leave. A staff member may not request a transfer that would result in an accrued sick leave balance of fewer than fifteen (15) days. Sick leave as defined in RCW 28A.400.300 means leaves for illness, injury and emergencies;
 4. The number of leave days transferred will not exceed the amount authorized by the donating staff member;
 5. Any leave donated by a staff member which remains unused will be returned to the donor. To the extent administratively feasible, leave transferred by more than one staff member will be returned on a pro-rata basis.
 6. Leave will be calculated on a day-donated and day-received basis
 7. All leave must be donated voluntarily and anonymously.
 8. Request to see Policy 5406P: Leave Sharing for additional details
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*If you would like to donate sick leave, **please read the attached document before completing the following form.** Once completed, submit to the Payroll/HR Department.*

EMPLOYEE DONATING LEAVE

Name _____ Date _____ Phone _____
Location _____ Position _____ Hrs/Day _____

EMPLOYEE RECEIVING LEAVE

I wish to donate leave to:

Recipient's Name _____

Recipient's Work Location _____

AMOUNT OF SICK LEAVE HOURS TO BE DONATED

I wish to donate _____ days of sick leave to the recipient listed above

Signature _____ **Date** _____

PAYROLL/HR DEPARTMENT USE ONLY

Total number of hours donated in the last 12 months _____

SICK LEAVE

Beginning Balance _____

Less Hours Transferred _____

Ending Hours Balance _____

Donor has required balance of 15 sick leave days (120 hours) after transfer? **YES / NO**

Sick Leave Transfer approved and accounted for in the school system(s)? **YES / NO**

Name/Title _____

Signature _____ **Date** _____