



# Shared Leave Donation Form

## Annual Employees

*(Employees who accrue annual vacation)*

To: Payroll

From: \_\_\_\_\_  
(Print name of donating employee) (Employee ID #)

Subject: Authorization to share leave

☐ I wish to donate \_\_\_\_\_ hours of sick leave to:

\_\_\_\_\_  
(Print name of recipient)

☐ I wish to donate \_\_\_\_\_ hours of annual vacation leave to:

\_\_\_\_\_  
(Print name of recipient)

I am aware that I must retain a minimum balance of ten (10) days of annual vacation leave or one hundred seventy-six (176) hours of sick leave to be eligible to participate in the Shared Leave Program. I have read and understand the criteria (listed on the reverse side of this form) which will be used in determining my eligibility to participate, and how it may affect my annual vacation and/or sick leave balances. I am also aware that the elimination period for long-term disability is 90 calendar days.

\_\_\_\_\_  
(Employee signature)

\_\_\_\_\_  
(Date)

Reference: RCW 28A.400.380, RCW 41.04.650 – 670 and Board Policy & Procedure 5406

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### PAYROLL USE ONLY

☐ Request Denied (Notification sent to donor)

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
(Payroll Supervisor/Designee)

\_\_\_\_\_  
(Date)

## **Shared Leave Annual Donation Eligibility Requirements**

The following information is provided to assist you in determining your eligibility to participate in the Shared Leave Program.

1. If you accrue annual vacation and/or sick leave, you are eligible to donate annual vacation and/or sick leave hours via the Shared Leave Program.
2. Annual vacation in excess of ten (10) days and sick leave in excess of one hundred seventy-six (176) hours may be used as a donation to the Shared Leave Program. You may donate as many hours as you wish, as long as your annual vacation and/or sick leave balances do not drop below these limits.
  - A “day” of annual vacation and/or sick leave is determined by the length of the donating employee’s regularly scheduled hours worked per day at the time of conversion.
3. Your annual vacation/sick leave balances will be reduced by the number of hours authorized by this Shared Leave Program form.
4. All donated annual vacation and/or sick leave must be given voluntarily. No employee shall be coerced, threatened, intimidated, or financially induced into donating annual vacation and/or sick leave.
5. Annual vacation and/or sick leave donations will be withdrawn from the donor’s vacation or sick leave balance only as needed and used by the designated recipient.
6. ALL employees may donate vacation/sick leave to a designated recipient. Only those employees represented by the EEA Collective Bargaining Agreement may donate sick leave to the Shared Leave Pool.
7. Donations shall be withdrawn in the order received.
8. You will be notified if any or all of your donated leave is not needed by the designated recipient, and such excess donations will not be charged against your annual vacation/sick leave balances.
9. Payroll does not disclose the name of a donating employee to the recipient. All leave donations are kept confidential.
10. Certificated staff may donate sick leave to classified staff and vice versa.
11. Leave donations are limited to employees within the same school district.

Any additional questions concerning leave donations should be directed to Payroll at 425-385-4160.