



Shared Leave Donation Form

FROM: _____ TO: _____
(Print name of donating employee) (Employee ID #) (Print name of recipient employee)

Rules pertaining to your donation differ based on whether you (SECTION A) earn and accrue vacation leave (typically full year employees) or (SECTION B) do NOT earn vacation leave. Please complete the following section based on your accrual type.

SECTION (A)

I work in a position that accrues vacation leave. I am aware that I must retain a minimum balance of ten (10) days of vacation leave or twenty-two (22) day of sick leave to be eligible to donate and participate in the Shared Leave Program.

| VACATION HOURS TO DONATE TO INDIVIDUAL NAMED ABOVE | SICK HOURS TO DONATE TO INDIVIDUAL NAMED ABOVE |
|---|---|
| | |

SECTION (B)

I work in a position that **does not accrue** vacation leave. I am aware that I must retain a minimum balance of one hundred and seventy-six (176) hours of sick leave to be eligible to donate and participate in the Shared Leave Program.

| SICK HOURS TO DONATE TO INDIVIDUAL NAMED ABOVE | ***EEA EMPLOYEES ONLY*** SICK HOURS TO DONATE TO SHARED LEAVE POOL |
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| | |

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 leave balances. I am also aware that the elimination period for long-term disability is 90 calendar days.

(Employee signature)

(Date)

FOR PAYROLL USE ONLY

☐ Request Denied (Notification sent to donor)

Reason for denial: _____

(Payroll Supervisor/Designee)

(Date)

Shared Leave Annual Donation Eligibility Requirements

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

The following information is provided to assist in determining eligibility to participate in, and the understanding of, the Shared Leave Program.

1. Employees who accrue annual vacation and/or sick leave 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.
 - Leave is donated and applied by **hours**. To determine balance limits, a “day” of annual vacation and/or sick leave is determined by the donating employee’s regularly scheduled hours worked per day at the time of conversion.
3. Employee leave balances will be reduced by the number of hours authorized by this Shared Leave Program form.
4. All donated leave must be given voluntarily. No employee shall be coerced, threatened, intimidated, or financially induced into donating vacation and/or sick leave.
5. All leave donations to an individual will be withdrawn from the donor’s leave balance only as needed and used by the designated recipient.
6. ALL employees may donate 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. Except for donations to the Shared Leave Pool, donations will be withdrawn in the order received.
8. Unused donations will not be charged to the donor.
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.
12. Due to WAC and DRS excess-compensation rules, an employee may not make a leave donation in the same month of their own retirement or resignation.

Any additional questions concerning leave donations should be directed to the Payroll Office at 425-385-4160 or payroll@everettsd.org.