



Northshore  
School District

5406 F-2

3330 MonteVilla Parkway  
Bothell, WA 98021  
(425) 408-7661

**Business Services**

**Leave Transfer Request and Authorization**

**To:** Payroll

**From:** Name *(type or print)* \_\_\_\_\_

- Re:**
1. Request to Transfer Annual Vacation Leave
  2. Request to Transfer Illness/Injury/Emergency Leave

*Please select from the option that applies to you:*

**OPTION 1**

**I am an employee who does not accrue annual vacation leave.**

I understand that this transfer of leave cannot reduce my sick leave balance below 176 hours.

**OPTION 2** *(If selecting this option, you must check two boxes)*

**I am an employee who accrues both annual vacation leave and annual sick leave.**

I understand I may elect to either transfer annual vacation leave or sick leave to a fellow employee under the provisions of RCW 41.04. I wish to:

**transfer annual vacation leave.**

I understand that I may transfer annual vacation leave provided the transfer does not cause my annual vacation leave balance to fall below ten (10) days.

**transfer sick leave.**

I understand that this transfer of leave cannot reduce my sick leave balance below 176 hours.

Under the provisions of RCW 41.04, I request transfer of \_\_\_\_\_ number of leave days to:

Name of Recipient \_\_\_\_\_ Assignment/Location \_\_\_\_\_

Initiator Signature \_\_\_\_\_ Assignment/Location \_\_\_\_\_ Date \_\_\_\_\_

**For Payroll Use Only:**

Payroll Processing Date \_\_\_\_\_ # of Hours Processed \_\_\_\_\_

Comments \_\_\_\_\_