



SICK LEAVE TRANSFER REQUEST

This form must be completed and submitted by the Sick Leave Donor

As per Article 4.1.C of the Negotiated Agreement: Once this properly completed form has been received in the Payroll Office, it shall be effective on the next pay date for which payroll processing has not already been completed. Transferred days cannot be used retroactively for previous payroll dates.

Donor's Employee ID	Donor's Name
Number of days that will be transferred to Recipient*:	

* All days transferred under this agreement will be processed using the IRS "Assignment of Income" rules. What this means: **THE DISTRICT WILL TAX THE DONOR THE VALUE OF THE DAY(S) TRANSFERRED TO THE RECIPIENT.** Because the state, federal and employment taxes can often exceed 35%, the donating employee could easily see taxes of \$100 for each day donated.

Please initial here that you have read and understand your liability as described above: _____

Donating Employee's Signature _____ Date _____

Recipient's Employee ID	Recipient's Name

Approved by: _____ Date _____

Payroll Receive Date: _____

Updated March 5, 2025

Payroll: Use Job Title "2T" and Job Class "PN"