

**QUINCY SCHOOL DISTRICT  
SHARED LEAVE DONATION FORM  
QEA MEMBERS**

**SHARED LEAVE DONATION INSTRUCTIONS:** It is very important that you read and complete this form in its' entirety. Once completed, submit to the QSD Administration Office. Your donation will be used in the order it is received.

**PURPOSE – (WAC 392-126-004)** permits employees to donate vacation leave and/or sick leave to a fellow employee who is suffering from or has a relative or household member who is suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition which has caused or is likely to cause the employee to take leave without pay or terminate his or her employment.

**ALL DONATED VACATION LEAVE AND/OR SICK LEAVE MUST BE GIVEN VOLUNTARILY. NO EMPLOYEE SHALL BE COERCED, THREATENED, INTIMIDATED, OR FINANCIALLY INDUCED INTO DONATING VACATION LEAVE AND/OR SICK LEAVE.**

**DONATION OF VACATION LEAVE –(WAC 392-136A-035):** An employee may donate vacation leave to specific individuals using the following criteria:

1. The employee may donate any amount of accrued vacation leave provided the donation does not cause the employee's vacation leave balance to fall below ten (10) days as of the date of the transfer.
2. The employee may not donate excess vacation leave that the donor would not be able to take because of an approaching date after which the vacation leave cannot be used.

**DONATION OF SICK LEAVE – (WAC 392-136A-035):** An employee may donate sick leave to specific individuals using the following criteria:

1. The employee must have accrued more than twenty-two (22) days of sick leave.
2. Employees may not donate more than six (6) days of sick leave during any twelve-month (12) period.
3. Employees may not donate an amount of sick leave that will result in his or her sick leave account going below twenty-two (22) days at the date of transfer.

**DONOR -** Please complete this form to donate vacation leave and/or sick leave days to a designated QSD employee and submit to the QSD Administration Office.

<b><i>Name of Designated Share Leave Recipient:</i></b>		<b><i>Number of Days Donated:</i></b>
<b><i>Donor Name:</i></b>	<b><i>Donor Position:</i></b>	<b><i>Donor Location:</i></b>

I voluntarily donate vacation leave and/or sick leave days to the designated recipient as shown above. I understand that my donation will be utilized in the order that it is received. I understand that these donated days will be deducted from my current vacation leave and/or sick leave balance as used by the recipient.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone# \_\_\_\_\_

<b>PAYROLL OFFICE USE ONLY:</b>	
Eligible to accrue Vacation Leave? Yes _____ No _____	Vacation Balance _____
Sick Leave Balance _____	The balance of leave hours after this donation is _____
Reviewed by: _____	Date _____