



1110 S. 6<sup>th</sup> Street  
 Sunnyside, WA 98944  
 509-836-2274

## SHARED LEAVE DONATION FORM

**INSTRUCTIONS:** Please print clearly and complete this form to donate vacation, sick or personal leave to an employee authorized to receive shared leave. You may donate increments of one workday minimum (your assigned work day). All donations shall be on a voluntary basis and the names of the donors shall be kept confidential.

**RETURN:** Forward this completed form to **Payroll** at the District Office.

SECTION 1 – DONOR		
Donor Employee Last Name:	First Name:	Middle Initial:
Receiving Employee Last Name	First Name	TOTAL LEAVE HOURS DONATED
<p>I voluntarily donate the following vacation, sick or personal leave to the employee designated above. I understand that these donated leave hours will not cause my leave balance to fall below the guidelines as listed below and in SSD Leave Sharing Policy 5406. I understand that these donated leave hours will be deducted from my appropriate leave balance(s), that it will be utilized in the order it is received and that any shared leave not used by the receiving employee will be restored to me.</p>		
<p>Signature: _____ Date: _____ Phone Number: _____</p>		

SICK LEAVE	DONOR COMPLETE	PAYROLL USE ONLY	
<p><b>DONOR EMPLOYEE:</b> Complete this section to donate <b>sick leave</b> hours to a designated SSD employee to be used as shared leave. You may donate sick leave if you have a balance of more than 22 days of sick leave, and your donation must not cause your sick leave balance to drop below 22 days. You may not donate more than 6 days in any 12-month period.</p>	Number of Sick Leave <u>Days</u> to be Donated	<b>Current SL Balance</b>	<b>Balance After Donation</b>
PERSONAL LEAVE			
<p><b>DONOR EMPLOYEE:</b> Complete this section to donate <b>personal leave</b> hours to a designated SSD employee to be used as shared leave. You may donate no more than 8 hours of personal leave during any 12-month period.</p>	Number of Personal Leave <u>Hours</u> to be Donated	<b>Current PL Balance</b>	<b>Balance After Donation</b>
VACATION LEAVE			
<p><b>DONOR EMPLOYEE:</b> Complete this section to donate <b>vacation leave</b> hours to a designated SSD employee to be used as shared leave. You may donate vacation if you have a balance of more than 10 days of vacation leave, and your donation must not cause your vacation balance to drop below 10 days. Also, you may not donate any excess vacation hours that you would otherwise lose because you are unable to use it due to a carryover requirement.</p>	Number of Vacation Leave <u>Days</u> to be Donated	<b>Current VL Balance</b>	<b>Balance After Donation</b>

SECTION 2 – PAYROLL OFFICE USE ONLY	
The above-named employee is eligible to donate the following leave, effective date: _____	
Sick Leave Hours: _____ Personal Leave Hours: _____ Vacation Leave Hours: _____ Previous Donations: _____	
PR Officer Signature: _____ Date: _____	