

Leave Sharing

A. A district employee is eligible to receive donated leave if the following conditions are met:

1. The staff member suffers from, or has a relative or household member suffering from, an extraordinary or severe illness, injury, impairment or physical or mental condition; is a victim of domestic violence, sexual assault, or stalking; needs time for parental leave; is sick of temporarily disabled because of pregnancy; or has been called to service in the uniform services;
2. The staff member's condition or circumstance has caused or is likely to cause the staff member to:
 - a. Go on leave-without-pay status; or
 - b. Terminate his/her employment;
3. The staff member's absence and the use of shared leave are justified by documentation;
4. The staff member has depleted, or will shortly deplete, his or her annual leave and sick leave reserves (a staff member who is sick or temporarily disabled because of pregnancy or using parent leave does not have to deplete all annual and sick leave reserves; he or she can maintain up to 40 hours of annual leave and 40 hours of sick leave in reserve);
5. The staff member has abided by district rules regarding sick leave use; and
6. The staff member has diligently pursued and been found to be ineligible to receive industrial insurance benefits.

The superintendent or designee shall determine the amount of leave, if any, which a staff member may receive under this policy and procedure. However, a staff member shall not receive more leave than the number of contracted days remaining in the current school year. In the event that the condition requiring the employee's absence continues beyond the current school year, the employee shall not receive a total of more than 522 days of donated leave during total district employment.

B. District employees may donate leave as follows:

1. A staff member who has an accrued annual leave balance of more than ten (10) days may request that the superintendent or designee transfer a specified number of days to another person authorized to receive shared leave. A staff member may not request leave to be transferred that would result in an accrued annual leave balance of fewer than ten (10) days;
2. A staff member who does not accrue annual leave but who has an accrued sick leave balance of more than twenty-two (22) days may request that the superintendent transfer a specified amount of sick leave to another person authorized to receive such leave. A staff member may not request a transfer that would result in an accrued sick leave balance of fewer than twenty-two (22) days. Sick leave as defined in RCW 28A.400.300 means leaves for illness, injury and emergencies;
3. A staff member who receives personal holiday leave may request that the superintendent or designee transfer a specified amount of personal holiday leave to another person authorized to receive shared leave. A staff member may request to transfer no more than the amount of personal holiday leave provided by RCW 1.16.050 during any calendar year;
4. The number of leave days transferred will not exceed the amount authorized by the donating staff member; and

5. Any leave donated by a staff member which remains unused will be returned to the donor. To the extent administratively feasible, leave transferred by more than one staff member will be returned on pro-rata basis.
- C. Leave will be calculated on a day-donated and day-received basis.

REQUEST FOR DONATED LEAVE

(employee in need of leave)

Name of employee requesting leave: _____

Position: _____ Location: _____ Date: _____

Eligibility of leave recipient (see criteria below): _____

Eligibility requirements to **receive** donated leave (per policy):

- A) The staff member suffers from, or has a relative or household member suffering from, an extraordinary or severe illness, injury, impairment or physical or mental condition **or** who has been called to service in the uniform services which has caused, or is likely to cause the staff member to go on leave-without-pay status or terminate his/her employment.
- B) The staff member's absence and the use of shared leave are justified by documentation;
- C) The staff member has depleted, or will shortly deplete, his/her annual leave, personal leave, and sick leave, reserves;
- D) The staff member has abided by District rules regarding sick leave use; and
- E) The staff member has diligently pursued and been found to be ineligible to receive industrial insurance benefits.

 Signature of employee requesting donated leave: _____

Review and approval by payroll clerk: _____
Signature *Date*

Review/approval by Superintendent or Designee: _____
Signature *Date*

cc: Employee, Payroll, Employee's personnel file

REQUEST TO DONATE LEAVE

(employee wishing to donate leave)

Name of employee donating leave: _____

Position: _____ Location: _____ Date: _____

Name of employee to receive donated leave: _____

Eligibility of leave recipient: _____

(Must meet criteria of law and file 5406.)

A. If you receive paid vacation (annual leave) and elect to transfer annual leave to an eligible employee, please complete this section.

1. Number of days of accrued annual leave _____.
Must have more than ten (10) days accrued annual leave to be eligible to request a transfer of leave to another employee.
2. Number of annual leave days to be transferred to another employee _____.
Must retain an accrued balance of ten (10) days annual leave after transferred days are deducted.
3. An employee may donate any amount of annual leave provided the donation does not cause the employee's annual leave balance to fall below ten (10) days.

OR

B. If you receive sick leave and elect to transfer sick leave hours, you may transfer sick leave to another eligible employee. Please complete this section.

1. Number of days of accrued sick leave _____.
Must have more than twenty-two (22) days accrued sick leave to be eligible to request a transfer of leave to another employee.
 2. Number of sick leave days to be transferred to another employee _____.
Must retain an accrued balance of twenty-two (22) days sick leave after transferred days are deducted.
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Signature of employee requesting transfer: _____

Review and approval by payroll clerk: _____
Signature DateReview/approval by Superintendent or Designee: _____
Signature Date

cc: Employee, Payroll, Employee's personnel file