



ISSAQUAH  
SCHOOL DISTRICT 411

## Intra-District LEAVE TRANSFER REQUEST AND AUTHORIZATION

Name of ISD Employee / Donor: \_\_\_\_\_

ISD Building: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Under provision of [WAC 392-136A-035](#), I am requesting that you transfer the following

hours to:

\_\_\_\_\_

*(Name of RECEIVING ISD Employee)*

\_\_\_\_\_ illness / injury / emergency leave (sick leave) \_\_\_\_\_ vacation

I wish my donation to be confidential:

Yes

No

**Employees must maintain 176 hours of illness/injury/emergency (sick leave), and if applicable 80 hours of vacation time to donate leave.**

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*ISSAQUAH SCHOOL DISTRICT #411 HUMAN RESOURCES/PAYROLL USE*

\_\_\_\_\_ Number of hours transferred

\_\_\_\_\_ Approval of Human Resources

Notes: \_\_\_\_\_

\_\_\_\_\_

(Please return completed form to Human Resources)