SNOHOMISH SCHOOL DISTRICT
PAYROLL & BENEFITS

5406F1
Rev. 11/24

1601 Avenue D ● Snohomish, WA 98290-1799 ● 360-563-7235

Request To Donate Leave

Note: Employees who meet criteria established by Washington State law and Board Policy and Policy 5406 and Procedure 5406P may transfer qualified leave to a fellow employee who has been deemed an eligible recipient.

Intended Recipient: _____

Donor Name (printed): _____

Position/Location: _____

☐ I wish to transfer _____ day(s) of my sick leave as permitted by state law and district policy to the recipient previously indicated.

- I understand that I must retain a minimum sick leave balance of one hundred seventy-six (176) hours after the transfer.

☐ I wish to transfer _____ day(s) of my accrued vacation leave as permitted by state law and district policy to the recipient previously indicated.

- I understand that I must retain a minimum vacation leave balance of ten (10) days after the transfer.

☐ **(Certificated Staff Only)** I wish to transfer _____ day(s) of my accrued personal leave as permitted by SEA Collective Bargaining Agreement.

Signature: _____ Date: _____

Payroll Manager: _____ Date: _____

Payroll & Benefits Office Use Only:

Leave Reviewed Date: _____ Leave Balance Before Transfer: _____

Leave Hour Donated: _____ Leave Posted Date: _____

Leave Donation Posted By: _____