LEAVE SHARING REQUEST FORM

Name of	employee donating leave:	
Position:	Location:	Date:
Name of employee to receive donated leave:		
The following	ng parameters are in accordance with Policy Pro	ocedure 5406P and associated state law.
vacat emplo	yees who accrue annual paid vacation ion (annual leave) and elect to transfer byee, please complete this section. Note Il below ten (10) days after leave is dedi	this annual leave to an eligible : Your annual leave balance must
1. 2.	Your current annual leave balance (in Number of annual leave hours to be	
please co	also elect to donate sick leave hours to omplete this section. Note : Your sick leaver donated hours are deducted.	. ,
1. 2.		
your sick		leave: You may donate paid sick leave provided days of sick leave. (A 'day' is equivalent to the #
1. 2.		
This will re	sult in a pay deduction equivalent to th	ay donate paid holiday leave time to this recipient. ne amount of time you donate. Note : Your holiday by ided by the district in any calendar year.
1. 2.	, , , , , , , , , , , , , , , , , , , ,	
Signature	of Donating Employee:	<u>Date</u>
Review and approval by payroll clerk:		
Review and approval by Superintendent:		

cc: Employee, Payroll, Employee's personnel file

FORM: 5406 F1