

LEAVE SHARING REQUEST

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 Policy 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).
- 3. An employee may be allowed to grant up to the number of days in excess of the employee's minimum leave balance of sick leave during any twelve (12) month period.

Signature of employee requesting transfer: _____

Review and approval by payroll clerk: _____
Signature Date

Review and approval by Superintendent: _____
Signature Date

cc: Employee, Payroll, Employee's personnel file