

King County Leave Donation Form



Important Information

- **Donated leave provisions are subject to King County Code 3.12.223, Personnel Guidelines 14.6 and applicable collective bargaining agreements.**
- Any employee eligible for leave benefits may donate a portion of his or her accrued vacation and/or sick leave to another employee eligible for leave benefits.
- For represented employees, Collective Bargaining Agreements (CBA) may allow donations of other types of leave. This form must be used to request the donation.
- The Personnel Guidelines and certain CBA's establish how donations will be processed such as the minimum required balance to donate, the maximum amount of leave that can be donated and how the donated leave may be used.
- In general, donation of sick leave accruals requires a balance of at least 100 hours immediately subsequent to the donation and the employee cannot donate more than 25 hours of accrued sick leave each calendar year.
- The donating employee may not donate more vacation leave than he or she has accrued.
- All donations of vacation and/or sick leave made are strictly voluntary. Employees are prohibited from soliciting, offering or receiving monetary or any other compensation or benefits in exchange for donating vacation or sick leave hours.
- General donated leave questions should be directed to your department payroll representative. All donated leave processing questions should be directed to kc.enrollment@kingcounty.gov.

Employee Donating Leave

Employee donating leave: _____ Department/Division: _____

Donation Hours: Vacation Hours: _____ Sick Hours: _____ Other hours & type (per CBA): _____

Employee receiving donated leave: _____ Department/Division: _____

Donating employee's signature: _____ Date: _____

The recipient may be notified of your donation. If you wish to remain anonymous, check here

Donating Employee Department

Payroll/HR representative: _____ Donating employee rate of pay: \$ _____

Non-Represented: Union Name: _____ Employee ID number: **0000** _____

Department director/designee's signature: _____ Date: _____

Receiving Employee Department

Payroll/HR representative: _____ Receiving employee rate of pay: \$ _____

Non-Represented: Union Name: _____ Employee ID number: **0000** _____

Department director/designee's signature: _____ Date: _____

Benefits, Payroll and Retirement Operations Section

Date form processed: _____ 90 Day reversion date: _____