

**SHARED LEAVE DONATION FORM
NON-ANNUAL EMPLOYEES
Everett Public Schools**

To: Payroll

From: _____
(Print name of donating employee) (Employee ID#)

Subject: Request to transfer sick leave

**Note: Employees Who Do Not Accrue Annual (Vacation) Leave
(Teachers, Nurses, Paraeducators, etc.)**

I am requesting that you authorize me to transfer _____ HOURS of my sick leave to:

I wish to donate my sick leave to _____
(Print name of recipient)

For EEA employees only, I wish to donate my sick leave to the Shared Leave Pool.

I am aware that I must retain a minimum balance of twenty-two (22) days of sick leave if I am donating sick leave in order to be eligible to participate in the leave sharing program. I have read and understand the criteria (listed on the reverse side of this form) which will be used in determining my eligibility to participate and how it may affect my sick leave balance.

(Employee Signature) (Date)

(Payroll Supervisor/Designee) (Date)

*Reference RCW 28A.400.380, RCW 41.04.650-670 and Board Policy & Procedure 5406
Note: I am aware that the elimination period for long-term disability is 90 calendar days.*

PAYROLL USE ONLY

Request Denied (Notification sent to donor)

Reason for Denial _____

(Payroll Supervisor/Designee) (Date)

**LEAVE SHARING DONATION
NON-ANNUAL EMPLOYEES
ELIGIBILITY REQUIREMENTS**

The following explanations are to be used to assist you in determining if you are eligible to participate in the leave sharing program:

1. If you accrue sick leave, you are eligible to donate sick leave to the leave sharing program.
2. Only sick leave hours in excess of twenty-two (22) days may be used as a donation to the leave sharing program. You may donate as many days as you wish, as long as the sick leave balance does not drop below twenty-two (22) days.
3. A 'day' of sick leave is determined by the length of the donating employee's regularly scheduled work hours per day.
4. The donated sick leave conversion shall be calculated on an hourly basis. Each day shall consist of the donating employee's regularly scheduled work day at the time of conversion.
5. Your leave balance will be reduced by the number of days (converted to hours) donated to the leave sharing program.
6. All donated sick leave must be given voluntarily. No employee shall be coerced, threatened, intimidated, or financially induced into donating sick leave.
7. Sick leave donations will be withdrawn from the donor's sick leave balance only as needed and used by the designated recipient and/or the shared leave pool. Only those employee's represented by the EEA Collective Bargaining Agreement may donate sick leave to the shared leave pool. All employees may donate sick leave to a designated recipient.
8. Donations shall be withdrawn in the order received.
9. You will be notified if any or all of your donated leave is not needed by the designated leave recipient, and such excess donations will not be charged against your leave balance.
10. Payroll does not disclose the name of a donating employee to the recipient. All leave donations are kept confidential.
11. Certificated staff may donate sick leave to classified staff and classified staff may donate sick leave to certificated staff.
12. Donation of leave is limited to employees within the same school district.

Any additional questions concerning the donation of leave should be direct to the Payroll Office at (425) 385-4160.