



HIGHLINE COLLEGE
SHARED LEAVE DONATION FORM

Check one:
[] Faculty
[] Classified
[] Exempt

Complete this form to authorize the transfer of annual leave, sick leave or personal holiday hours, minimum donation is 8 hours, to another Highline employee to be used for sick leave. Faculty members can transfer only sick leave hours. Submit this form to Human Resources, 99-200.

Donating Employee SID or SSN Date

Wishes to donate: hours of annual leave (vacation) (Transfer cannot cause leave balance to fall below 80 hours or 10 days)
hours of sick leave (Transfer cannot cause leave balance to fall below 176 hours or 22 days)
hours of personal holiday

Employee Designated to Receive Hours

Donating Employee's Signature Date

Signature of Supervisor Date

Signature of Executive Dir.of HR Date

Signature of President Date

Request is ___ Approved ___ Disapproved

Request is ___ Approved ___ Disapproved

Request is ___ Approved ___ Disapproved

For Human Resources Use Only

Department contact responsible for maintaining leave records:

Current Annual Leave Balance Leave Transfer Date Balance After Transfer

Current Sick Leave Balance Transfer Leave Transfer Date Balance After

Donor's Rate of Pay

Budget Code

Payroll Schedule