



# South Kitsap School District PAYROLL SERVICES

FORM 320

1962 Hoover Ave SE  
Port Orchard WA 98366-3034  
(360) 874-7025 / (360) 874-7068 FAX

- CERTIFICATED
- CLASSIFIED

## SHARED LEAVE DONATION FORM

**Directions:**

Fill out this form on your computer, print, and send it to **PAYROLL** through district mail .

Employee's Name

Location

Under the provision of Board Policy Number 5406, I request that you authorize me to transfer:

Days of my sick leave, or

Days of my annual "vacation" leave to:

(Name of Employee Beneficiary)

I am aware that I must retain a minimum balance of twenty-two (22) days of sick leave or ten (10) days of annual "vacation" leave to be eligible to participate in the shared leave program. I have read and understand the criteria which will be used in determining my eligibility to participate and how it may affect my leave balance(s).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



### FOR PAYROLL USE ONLY

#### SICK LEAVE

Beginning Balance

Days Donated

Ending Balance

#### VACATION LEAVE

Beginning Balance

Days Donated

Ending Balance

Payroll Authorization \_\_\_\_\_

Date \_\_\_\_\_