



Shared Leave Donation Form

All Employees

To: Payroll

From: _____
(Print name of donating employee) _____
GFEA or PSE

Subject: Authorization to share leave

I wish to donate _____ hours of sick leave to:

(Print name of recipient)

I am aware that I must retain a minimum balance of twenty-two (22) days of sick leave to be eligible to participate in the Shared Leave 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. I am also aware that the elimination period for long-term disability is 90 calendar days.

(Employee signature)

(Date)

Reference: RCW 28A.400.380, RCW 41.04.650 – 670

PAYROLL USE ONLY

Request Denied (Notification sent to donor)

Reason for denial: _____

(Payroll Supervisor/Designee)

(Date)

Shared Leave Employee Donation Eligibility Requirements

The following information is provided to assist you in determining your eligibility to participate in the Shared Leave Program.

1. If you accrue sick leave, you are eligible to donate sick leave hours via the Shared Leave Program.
2. Only sick leave hours in excess of twenty-two (22) days may be used as a donation to the Shared Leave Program. You may donate as many hours/days as you wish, as long as your sick leave balance does not drop below twenty-two (22) days.
 - A “day” of sick leave is determined by the length of the donating employee’s regularly scheduled hours worked per day at the time of conversion.
3. Your leave balance will be reduced by the number of hours authorized by this Shared Leave Program form.
4. All donated sick leave must be given voluntarily. No employee shall be coerced, threatened, intimidated, or financially induced into donating sick leave.
5. Sick leave donations will be withdrawn from the donor’s sick leave balance only as needed and used by the designated recipient and/or the Shared Leave Pool.
6. ALL employees may donate sick leave to a designated recipient.
7. Donations shall be withdrawn in the order received.
8. You will be notified if any or all of your donated leave is not needed by the designated recipient, and such excess donations will not be charged against your sick leave balance.
9. Payroll does not disclose the name of a donating employee to the recipient. All leave donations are kept confidential.
10. Certificated staff may donate sick leave to classified staff and vice versa.
11. Leave donations are limited to employees within the same school district.

Any additional questions concerning leave donations should be directed to Payroll at 360-283-4308 OR by email to payroll@gfalls.wednet.edu