

# Leave Sharing/Donation Form

<b>Donating Employee:</b> Complete the following section and return to Payroll/Personnel		
Donor employee name: _____		
Position: _____	Location: _____	
Name of employee to received donated leave: _____		
<b>Please reduce my leave balance(s) in the amount(s) indicated below, to be used as shared leave.</b>		
Sick Leave	_____ Hours	(Must maintain a minimum balance of 176 hours or 22 days)
Annual Leave	_____ Hours	(Must maintain a minimum balance of 10 days)
Personal Holiday	_____ Hours	(8 hour max donation per year)
<p>I voluntarily donate paid leave, in the amount(s) specified, to the employee(s) designated above. I understand the leave donation requirements described in NWESD 189 Procedure 5406-P and request approval of my donation. I understand that these donated leave hours will be deducted from my current leave balance(s) and that any donated leave not used by the receiving employee(s) will be restored to me. If leave donated by multiple employees is left unused, leave may be returned to me on a pro-rata basis to the extent administratively feasible.</p>		
_____ <b>Signature of Donating Employee</b>		_____ <b>Date</b>

<b>For Payroll/Personnel Use Only:</b>		
<b>Verification of Donor Leave Balances:</b>		
Annual Leave	_____ hours	(Must be greater than 10 days after transfer)
Sick Leave	_____ hours	(Must be greater than 176 hours after transfer or 22 days for those who do not accrue annual leave)
Personal Holiday	_____ hours	(Check for Personal Holiday leave donated within the current calendar year)
_____ Review and approval by Payroll:		_____ Date:
_____ Review and approval by Superintendent/Designee:		_____ Date:
<b>Leave Balance Adjustment:</b>		
Annual Leave - _____		Adjusted for Pay Period: _____
Sick Leave - _____		Adjusted By: _____
Personal Holiday - _____		Date: _____

cc: Employee, Payroll