

BELLINGHAM PUBLIC SCHOOLS
Bellingham, Washington

5328F-2

MEMORANDUM

Non-Annual Employees

TO: Payroll

FROM: _____
(Please print name of donating employee)

Location

SUBJECT: Request to transfer sick leave

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

Name of Beneficiary

I am aware that I must retain a minimum sick leave balance of one hundred seventy-six (176) hours 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.

Signature

Date

FOR OFFICE USE ONLY:

Request Granted _____

Request Denied _____

Reason for Denial _____

Payroll Signature/Date _____

DISTRIBUTION:
Beneficiary file
Donor file

LEAVE SHARING DONATION -- 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 one hundred seventy-six (176) hours may be used as a donation to the leave sharing program.
3. Leave share shall be calculated on a day-donated and day-received basis. One (1) "day" donated equals the number of hours the donor is regularly scheduled to work.
4. Your leave balance will be reduced by the number of days donated to the leave sharing program.
5. 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.
6. Donation of leave is limited to employees within the same school district.

Any additional questions concerning this should be directed to the Payroll Office.