

PLEASE READ THIS PAGE CAREFULLY BEFORE FILLING OUT DONATION FORM. If you have any questions, please call Human Resources at 360-596-6185.

Purpose: The purpose of the Washington State leave sharing program is to permit state employees, without significantly increasing the cost to the state for leave, to come to the aid of another state employee: 1) who is suffering from or has a relative or household member suffering from an extraordinary or severe illness, injury, impairment or physical or mental condition; or, 2) who has been called to service in the uniformed services; or 3) consequence of domestic violence, sexual assault, or stalking and where the fact of either 1), 2), or 3) has caused or is likely to cause the employee to take leave without pay or terminate his or her employment.

You may donate annual leave or accrued sick leave.

1. Donations are processed by hours.
2. Do not contribute annual leave hours which would reduce your balance to less than 10 days (80 hours), or the prorate equivalent if you are less than full-time, or contribute any excess annual leave hours that you would otherwise be unable to use because of any approaching anniversary date.
3. Do not contribute accrued sick leave hours which would reduce your balance to less than 22 days.
4. All unused days donated to a specific person will be returned to the donator.
5. No employee shall receive a total of more than 522 days of leave during length of employment.

**OLYMPIA SCHOOL DISTRICT NO. 111
SHARED LEAVE TRANSFER FORM**

I authorize the Olympia School district to transfer _____ hours of my eligible earned sick/annual Leave for:

Unrestricted Pool Donation _____

Specific Donation For: _____

PRINT NAME

By _____ **PRINT YOUR NAME** _____ **Bldg. Location** _____ **Date** _____

By: _____
Payroll Supervisor