

# Snohomish School District #201

## Payroll Department

1601 Avenue D • Snohomish, WA 98290-1799 • 360.563.7235

### REQUEST TO DONATE LEAVE

Note: Employees who meet criteria established by Washington State law and Board Policy and Procedure 5322 may transfer qualified leave to a fellow employee who has been deemed an eligible recipient.

Intended Recipient: \_\_\_\_\_

Donor Name (printed): \_\_\_\_\_

Position/Location: \_\_\_\_\_

☐

I wish to transfer \_\_\_\_\_ day(s) of my sick leave as permitted by state law and district policy to the recipient previously indicated.

I understand that I must retain a minimum sick leave balance of one hundred seventy six (176) hours after the transfer.

☐

I wish to transfer \_\_\_\_\_ day(s) of my accrued vacation leave as permitted by state law and district policy to the recipient previously indicated.

I understand that I must retain a minimum vacation leave balance of ten (10) days after the transfer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payroll Manager: \_\_\_\_\_

Date: \_\_\_\_\_