

STANWOOD-CAMANO SCHOOL DISTRICT

APPROVAL TO DONATE LEAVE

Donor Name:	Recipient Name:
Donor Signature:	Date:

Please check one: _____ Certificated _____ Classified

Number of **Sick** Days or Hours to Donate: _____(Please specify days or hours)

Number of **Vacation** Days or Hours to Donate: _____(Please specify days or hours)

Please read the following and refer to Board Policy 5406 – Employee Leaves and Absences.

ELIGIBILITY:

Employees Who Do Not Accrue Annual Leave (Vacation)

(Certificated employees and Classified employees who work less than 260 days)

A staff member who has an accrued sick leave balance of more than twenty-two (22) days may donate sick leave. The employee may not request to donate sick leave that would result in his/her sick leave balance falling below twenty-two (22) days.

Employees Who Accrue Annual Leave (Vacation)

(260-day year round employees)

1. A staff member who has an accrued sick leave balance of more than one hundred seventy-six (176) hours may donate sick leave. The employee may not request to donate sick leave that would result in his/her sick leave balance falling below one hundred seventy-six (176) hours.
2. A staff member who has an accrued annual leave (vacation) balance of more than ten (10) days may donate vacation leave. The employee may not request to donate vacation leave that would result in his/her vacation leave balance falling below ten (10) days.

PAYROLL USE ONLY:

Current Leave Balance: _____

Hours deducted from accumulation: _____

Date Processed: _____

Initials: _____