Marysville School District
Leave Share Donation Form
CONFIDENTIAL

I authorize Marysville School District to transfer the leave indicated below to:

_____   _____
Recipient's Name (please print)   Recipient's School/Location

_____   _____-_____-_____   _____
Donor's Name (please print)   Social Security Number   Total Work Hours Per Day

There is no longer a maximum # of days that the employee can donate as long as a balance of 22 days sick leave and 10 days vacation is maintained in the donor's accrued balances.
- To donate vacation hours, you must be an employee who accrues vacation, i.e. 260-day employee.
- Personal leave days must be given in one-half or whole day increments.

From banked leave, please specify the amount of <u>hours</u> you wish to donate and from which source:

Sick leave: _____   Personal leave: _____   Vacation: _____

Please read and sign the following statement:
I am aware that I must retain a minimum of twenty two (22) days of sick leave or ten (10) days of vacation to be eligible to participate in the leave sharing program.
- Certificated staff may donate to classified staff and vice versa.

I am aware that leave sharing will not impact the incentive day (classified employees) I have read and understand the criteria in Marysville School District Leave Share Policy 7255, which will be used in determining my eligibility to participate in the program and how it may affect my leave balance.

_____   _____
Employees Signature   Date

Return this completed form to: Payroll Department

For Payroll Use Only:

Total hours donated during current school year: _____   Month of donation: _____

Leave balance before donation: _____   Balance after donation: _____

Donor has required minimum balance of 22 days / 10 days after transfer.   Yes _____   No _____

Donor has been notified of leave transfer on (date): _____

Number of hours refunded (if applicable): _____   Month refunded: _____

Payroll Signature: _____   Date: _____