



# KELSO SCHOOL DISTRICT

## Shared Leave - Donation

**INSTRUCTIONS:** Use this form to donate shared leave to another employee.

**Distribution:** Forward the completed form to the HR office.

See <https://www.kelso.wednet.edu/page/shared-leave-program> for information and definitions relating to Shared Leave.

<b>PART 1 – Donor: <i>To be completed by Donor</i> (complete this section and forward the completed form to your department administrator for approval)</b>			
Receiving Employee Last Name:	Receiving Employee First Name:	Middle Name:	
Donor Employee Last Name:	Donor Employee First Name:	Middle Name:	
Donor Anniversary Date:	Donor Department:		
Donor Work Phone:	Donor Email:		
I voluntarily donate the following total time off hours to the employee designated above and request departmental approval. I understand that these donated time off hours will be deducted from my current, appropriate time off balance(s) and that any shared leave not used by the receiving employee will be restored to me on a pro rata basis.			
<b>Total Time Off Hours Donated:</b>		Hours (must be the same as "Total Hours Donated" Box below)	
Donor Signature  			
Date:			
<b>VACATION TIME OFF</b>	<b>DONOR COMPLETES</b>	<b>LEAVE RECORDER COMPLETES</b>	
<b>DONOR EMPLOYEE:</b> Complete this section to donate <b>vacation time off</b> hours to a designated state employee to be used as shared leave. You may not donate vacation hours which would reduce the balance to less than eighty (80) hours for full time employment; prorated for part time employment.	VAC Hours Donated	Current VAC Hours	VAC Balance After Donation
<b>SICK TIME OFF</b>			
<b>DONOR EMPLOYEE:</b> Complete this section to donate <b>sick time off</b> hours to a designated state employee to be used as shared leave. You may not donate sick time off hours which would reduce the balance to less than 176 hours.	SICK Hours Donated	Current SICK Hours	SICK Balance After Donation
<b>ALL DONATED HOURS WILL BE DEDUCTED FROM THE APPROPRIATE LEAVE BALANCE(S)</b>	Total Hours Donated		

**PART 2 – HR Office: *To be completed by HR Office***

The donating employee meets the eligibility requirements stated above in Part 1. I approve this request to donate time off hours and verify that sufficient funds are available to cover the charge transfers.

The cash value of these hours will be credited to the shared leave account of the designated employee. As applicable, this amount will be charged to your department budget as it is used by the designated employee.

Vacation Hours

Sick Hours

Personal Holiday Hours

The above-named employee is eligible to donate time off effective:

Date:

**HR Office Approval**

Signature

Date:

Phone:

(HR Department: Upon Completion, make copies for employee file and Shared Leave File)

**HR Contact Information**

**Kelso School District**  
ATTN: HR Department  
601 Crawford Street  
Kelso, WA 98626

Phone: 360-501-1900  
Fax: 360-501-1950