

# 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 hours 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 impact my available sick leave buy back days (classified and certificated employees). 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: \_\_\_\_\_