



# Leave Sharing Transfer Form

Mail to: Seattle Public Schools  
MS: 33-380  
PO Box 34165  
Seattle, WA 98124-1165  
Fax to: 206-252-0021

Email to: HRLeaves@seattleschools.org

*Leave is transferred on an hour for hour basis; one hour donated is one hour to the recipient. Any leave not used by the employee, in connection with the specified and approved condition or situation, will be returned to the donor(s) on a pro-rata basis. Donation of leave is limited to employees within the same school district.*

- *Employees transferring Annual Leave, after transfer, must maintain a minimum balance of 10 days, based on FTE. Other than maintaining the minimum balance, there is no limit to the amount of Annual Leave that may be transferred.*
- *Employees transferring Sick Leave, after transfer, must maintain a minimum balance of 176 hours. Other than maintaining the minimum balance, there is no limit to the amount of Sick Leave that may be transferred.*
- *Employees may transfer all or part of their Personal Leave.*

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Job Title: \_\_\_\_\_ School/Program: \_\_\_\_\_

Under the provisions of RCW 41.04, I authorize the transfer of \_\_\_\_\_ hours of my accrued (check one):  
(Hours will only be deducted as needed)

Sick Leave       Annual Leave       Personal Leave

Name of Recipient Employee (please print): \_\_\_\_\_

\*\*\*\*\*

I have read and understand the criteria listed in the Shared Leave Guidelines, which will be used in determining my eligibility to participate and how it may affect my sick leave or annual leave balances.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Request Granted \_\_\_\_\_ Request Denied and Reason \_\_\_\_\_

Approval Signature \_\_\_\_\_

Sick Leave Balance \_\_\_\_\_ Annual Leave Balance \_\_\_\_\_