

## Kent School District Shared Leave Donation

Donor: Please complete this form to donate sick leave or vacation hours to a designated KSD employee and send it to payroll. You may donate sick leave in 1 day increments (must have 22 days remaining). You may donate any amount of vacation leave in 1-day increments (must have 10 days remaining). Donations do not affect attendance incentives or buy backs.

*Name of Designated Shared Leave Recipient*

*Donor Name*

*Donor Employee Number*

*Donor Social Security Number*

*Donor Position*

*Donor Location*

*Number of Days Donated*

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**I voluntarily donate sick leave or vacation hours to the designated recipient as shown above. I understand that my donation will be utilized in the order that it is received. I understand that these donated hours will be deducted from my current sick leave or vacation balance as used by the recipient.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Payroll Use Only:**

Eligible to accrue vacation leave?    Yes     No

Vacation Balance

Sick Leave Balance

Reviewed by:                      Date: