

## Kent School District Shared Leave Donation

<p>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.</p>		
<p><i>Name of Designated Shared Leave Recipient</i></p>		
<i>Donor Name</i>	<i>Donor Employee Number</i>	<i>Donor Social Security Number</i>
<i>Donor Position</i>	<i>Donor Location</i>	<p><i>Number of Days Donated</i></p> <p>SL <input style="width: 20px; height: 15px;" type="text"/></p> <p>VL <input style="width: 20px; height: 15px;" type="text"/></p>
<p><b>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.</b></p>		
<b>Signature</b> _____		<b>Date</b> _____
<b>Payroll Use Only:</b>		
Eligible to accrue vacation leave?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vacation Balance	Sick Leave Balance	
Reviewed by: _____    Date: _____		