

# APPLICATION TO TRANSFER ANNUAL OR SICK LEAVE

The purpose of the "shared leave" program is to permit employees who so desire to donate vacation and sick leave to a fellow employee who is suffering from or has a relative or household member who is suffering from a serious or extreme and/or life threatening illness, injury, impairment, or physical or mental condition which has caused or is likely to cause the employee to take leave without pay or terminate his/her employment. All donated leave must be given voluntarily. No employee shall be coerced, threatened, intimidated, or financially induced into donating leave.

Employees who accrue annual leave may donate any amount of vacation leave provided the donation does not cause the employee's vacation leave balance to fall below 10 days. An employee may donate as many sick leave days as they wish, so long as they maintain a minimum of 22 days of sick leave in their account. Any sick leave donated will count as days used and will impact sick leave buyout.

Name of person to whom you wish to donate leave: \_\_\_\_\_  
(Please Print)

Number of days you wish to donate: \_\_\_\_\_  
 vacation -or-  sick leave

Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_  
(Please Print)

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

## (For Office Use Only)

Employee Donating # _____	Employee Receiving # _____
Name _____	Name _____
SL / Vac days available _____	Days received _____
Number of days donated _____	Conversion of days _____
Remaining balance _____	_____

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