



Leave Transfer Request

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

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 illness or injury, will be returned to the donor(s) on a pro-rata basis. Donation of leave is limited to employees within the same school district.

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):

Sick Leave Annual Leave

Name of Recipient (please print): _____

I have read and understand the criteria listed on page one (1) of the Leave Transfer Request Application, 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 _____

Reason for Denial _____

Approval Signature _____

Sick Leave Balance _____ Annual Leave Balance _____