

Wenatchee School District No. 246 Certificated Leave Transfer Form

Name _____
Name of Donating Employee (Please Print)

Building _____

Under the provision of Article VII Leaves, Section 8 (Leave Sharing) of the Collective Bargaining Agreement between the Wenatchee Education Association and Wenatchee School District, I pledge sick or personal leave days subject to the following restrictions:

1. Employees may donate sick or personal leave to come to the aid of another employee who is suffering from an extraordinary or severe illness, injury, impairment or physical or mental condition which causes or is likely to cause the employee to take leave without pay or terminate his or her employment.
2. Employees cannot donate sick leave days that would result in his/her sick leave balance going below sixty (60) days or personal leave balance going below zero (0) hours.
3. Employees are restricted to donating a maximum of ten (10) days of sick leave during any twelve (12) month period and may donate all or a portion of his/her accrued personal leave hours.

I authorize transfer of _____ sick and/or personal leave hours to _____
Name of Beneficiary

Signature _____

Date _____

Payroll Area

Number of sick leave hours on account of donor _____ *Number of personal leave hours on account of donor* _____

Denied due to insufficient sick leave balance _____ *Denied due to insufficient personal leave balance* _____

Beneficiary is not eligible _____

Number of sick leave hours used _____ *Number of personal leave hours used* _____

Number of sick leave hours used _____ *Number of personal leave hours used* _____

Number of sick leave hours used _____ *Number of personal leave hours used* _____