

**PIERCE COLLEGE DISTRICT
SHARED LEAVE DONATION REQUEST**

Purpose of Shared Leave Program: The purpose of the Shared Leave Program is to allow Pierce College District employees who accrue vacation leave, and employees who do not accrue vacation leave but do accrue sick leave, to donate leave to another Pierce College District employee. The employee who receives shared leave must be suffering from or has a relative or household member suffering from, an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature, or the employee has been called to service in the uniformed services, and the illness, injury, impairment, condition, or call to service has caused, or is likely to cause, the employee to go on leave without pay status or terminate his/her employment with Pierce College District.

Instructions: Pierce College employees who accrue vacation and/or sick leave should use this form to donate vacation leave, sick leave, or personal holiday to another Pierce College District employee. Please review the eligibility criteria below, complete and submit this request form to the Human Resources Office.

Eligibility to Donate Leave:

Pierce College District employees who accrue vacation and/or sick leave may donate vacation leave, sick leave and/or personal holiday, provided the following criteria is met:

- **Donation of vacation leave** will not result in a vacation leave balance below 80 hours (ten days) at the time the donation request is processed. Classified employees may not donate excess vacation leave hours (beyond 240 hours) that they would not be able to take due to an approaching anniversary date.
- **Donation of sick leave** cannot result in a sick leave balance below 176 hours at the time the donation request is processed.
- **Donation of all or part of the Personal Holiday (for employees entitled to holiday pay, i.e., classified and administrative exempt).**

Minimum donation is one (1) hour and must be increments of one full hour. Any shared leave donated and not used by the receiving employee will be reverted back to the donating employee. If there are multiple donors, the shared leave that was not used will be prorated among the donors.

Name of Donor: _____
ID #: _____
Current Position: _____
Work Location: _____
Telephone: Home _____ **Office** _____

I wish to donate the following leave hours:

- Vacation leave:** _____ **hours** **Sick leave:** _____ **hours**
- Personal Holiday:** _____ **hours**

To: _____ (receiving employee's name - Donee).

Signature of Donor

Date of Request

(For more information, please refer to the Pierce College District Administrative Procedure for Shared Leave).

**PAYROLL PROCESSING
SHARED LEAVE DONATION REQUEST**
(To be completed by Payroll Office)

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Receiving _____
Employee _____

DONOR LEAVE INFORMATION

Name of Donor: _____

Vacation Leave Balance: _____ hours
Current Donation (-) _____ hours
Vacation Leave Balance after Donation: _____ hours
(balance after donation must be 80 hours
or more)

HR rep
initials

Sick Leave Balance: _____ hours
Current Donation (-) _____ hours
Sick Leave Balance after Donation: _____ hours
(balance after donation must be 176 hours
or more).

HR rep
initials

Personal Holiday (P/H) Balance: _____ hours/day
Current Donation (-) _____ hours/day
P/H Balance After Donation: _____ hours/day

Completed by
Payroll

(initials)

(date)

HR rep
initials

Approved by:

Vice President for Human Resources

Date

To be completed by Payroll after HR approval
Donor's Budget Code: _____

Payroll Schedule: _____

Donor's Monthly Salary: _____

Additional Info: