

SHORELINE COMMUNITY COLLEGE

SHARED LEAVE DONATION FORM

For FACULTY Donors

LEAVE DONOR NAME: _____ EMPLOYEE ID: _____

LEAVE RECIPIENT: _____

I hereby certify that I have read [Policy 4727 Shared Leave](#) and the accompanying [4727 Procedure](#) . I authorize the donation of leave amounts as designated below to be used by the recipient identified above, so long as they meet the qualifying conditions for shared leave. I understand that my decision is final/irrevocable upon submission of this form to Human Resources.

DONATION AMT:

_____ **Compensable Sick Leave** (I understand that I must keep a balance of 176 hrs)
Hrs

DONOR SIGNATURE: _____ DATE: _____

~ Submit Completed Form to hr@shoreline.edu. Thank you! ~

HR - LEAVE CALCULATIONS

ELIGIBILITY FOR LEAVE DONATION:

Balance after donation must comply with shared leave regulations (RCW 41.04.655, 41.04.660, and 41.04.665)

LEAVE HOURS ACCUMULATED _____

LEAVE PROPOSED FOR DONATION _____

BALANCE AVAILABLE AFTER DONATION _____

HUMAN RESOURCES: <i>Donation will not deplete sick leave below 154 hrs (22 days)</i>	PAYROLL: <i>Input/Date:</i>
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