

**SICK LEAVE/VACATION LEAVE TRANSFER  
REQUEST AND AUTHORIZATION  
FEDERAL WAY PUBLIC SCHOOLS**

**TO: PAYROLL DEPARTMENT**

**FROM:** \_\_\_\_\_  
Name of Donating Employee Employee I.D.  
\_\_\_\_\_  
Assignment/Location Assigned Hours Per Day

**RE: REQUEST TO TRANSFER SICK LEAVE/VACATION LEAVE**

**SICK LEAVE TRANSFER:** The donor must maintain a minimum sick leave balance of sixty (60) days and may not transfer more than six (6) days of sick leave during any calendar year.  
**VACATION LEAVE TRANSFER:** The donor must maintain a minimum balance of ten (10) days and may not transfer more than six (6) days of vacation during any calendar year.

**Under the provision of RCW 41.04, I am requesting you authorize the transfer of:**

Sick Leave Hours ( # of ) \_\_\_\_\_ Vacation Hours ( # of ) \_\_\_\_\_

To: \_\_\_\_\_  
Name of Beneficiary ID # (Payroll)

\_\_\_\_\_  
Signature of Donor Date

**VERIFICATION OF ELIGIBILITY TO DONATE (Payroll Use Only)**

**Employee has minimum balance of  
sixty (60) sick leave days:**

\_\_\_\_ Yes  
Current Years Donations \_\_\_\_\_  
\_\_\_\_ No

Current Balance \_\_\_\_\_ (days)

**Employee has minimum balance of  
ten (10) annual vacation days:**

\_\_\_\_ Yes  
Current Years Donations \_\_\_\_\_  
\_\_\_\_ No

Current Balance \_\_\_\_\_ (days)

\_\_\_\_\_  
Payroll Department Date