

**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 twenty-two (22) days.

VACATION LEAVE TRANSFER: The donor must maintain a minimum vacation leave balance of ten (10) days.

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

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VERIFICATION OF ELIGIBILITY TO DONATE (Payroll Use Only)

**Employee has minimum balance of
twenty-two (22) sick leave days:**

___ Yes
 Current Years Donations _____
___ No

Current Balance _____ (days)

Payroll Department

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

___ Yes
 Current Years Donations _____
___ No

Current Balance _____ (days)

Date