

Wenatchee School District No. 246
Food Service Employees
Leave Transfer Form

Name _____
Name of Donating Employee (Please Print)

Building _____

Under the provision of Article VIII Sick & Emergency Leave 8.7 (Sick Leave Sharing) of the Collective Bargaining Agreement between

the Food Service Employees and Wenatchee School District, I pledge sick leave days subject to the following restrictions:

1. Employees may donate sick 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 per WAC 251-22-250
2. Employees cannot donate sick leave days that would result in his/her sick leave balance going below (22) days.
3. Employees are restricted to donating a maximum of ten (6) days of sick leave during any twelve (12) month period.

I authorize transfer of _____ sick leave days to _____
Name of Beneficiary

Signature _____

Date _____

Payroll Area

Number of sick leave days on account of donor _____

Number of sick leave hours used _____

Number of sick leave hours used _____

Number of sick leave hours used _____

_____ Denied due to insufficient sick leave balance

_____ Beneficiary in not eligible