

Wenatchee School District No. 246 PSE PST Leave Transfer Form

Name _____
Name of Donating Employee (Please Print)

Building _____

Under the provision of Article VII Leaves, Section 8 (Leave Sharing) of the Collective Bargaining Agreement between the PSE of Wenatchee Public School Employees of WA and Wenatchee School District, I pledge 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 one hundred seventy six (176) hours.
3. Employees cannot donate annual leave days that would result in his/her annual leave balance going below eighty (80) hours. For part-time employees, requirements for annual leave will be prorated.
4. Employees may not donate excess vacation leave that they would not be able to accumulate due to reaching their maximum hours.

I authorize transfer of _____ leave hours to _____
Name of Beneficiary

Signature _____

Date _____

Payroll Area

Number of sick leave hours on account of donor _____

Number of annual leave hours 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