

BURLINGTON-EDISON PUBLIC SCHOOLS
SHARED LEAVE DONATION FORM

(CONFIDENTIAL WHEN FILLED-IN)

To: Payroll Department

Date _____

From: _____

I wish to donate vacation or sick leave days to _____ only;
(Designated Employee)
or Shared Leave Pool (Designated Employee or other future needs) and request approval.

Please complete either A or B. Also, read information in box above place for signature.

A. CERTIFICATED EMPLOYEES AND LESS-THAN-FULL-TIME CLASSIFIED EMPLOYEES

- I am in a job in which annual leave (vacation) is not accrued and I have accrued more than sixty (60) days of sick leave. I understand I may donate up to six (6) days of sick leave provided the donation does not cause my sick leave balance to fall below sixty (60) days.

I wish to donate (please circle one) 1 2 3 4 5 6 days of sick leave.

B. 260-DAY EMPLOYEES

- I am in a job in which annual leave (vacation) is accrued and I have accrued more than ten (10) days of annual leave. I wish to donate _____ days provided the donation does not cause my annual leave balance to fall below ten (10) days at time of transfer. I understand I may not donate excess vacation days that I would not be able to take because of an approaching date after which such days cannot be used.
- I have accrued more than sixty (60) days of sick leave. I understand I may donate up to six (6) days of sick leave provided the donation does not cause my sick leave balance to fall below sixty (60) days.

I wish to donate (please circle one) 1 2 3 4 5 6 days of sick leave.

I understand that final eligibility to donate annual leave or sick leave and the actual number of days permitted to be donated, will be determined by the District as governed by Policy 5406.

I donate these days voluntarily, and have not been coerced, threatened, intimidated or financially induced into donating days.

I understand that unused donated leave shall be restored/not restored to my annual leave or sick leave balance according to Policy 5406.

Signature _____

Date _____

ELIGIBLE/APPROVED

NOT-ELIGIBLE/DISAPPROVED

Payroll Signature _____

Date _____

Usage: _____