

**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 _____.
(Designated Employee)

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 unneeded donated leave shall not be deducted from my vacation leave or sick leave balance according to Policy 5406.

Signature

Date

ELIGIBLE/APPROVED

NOT-ELIGIBLE/DISAPPROVED

Payroll Signature

Date