Highline Public Schools

Leave Share Donation Form

Date:			_						_						_			
Pursuant to Bo	ard Pol	licy 540	6, I					here	eby r	reque	st trans	fer of		hour	s of my			
leave balance		Please Circle: Sick Leave or Vac										on						
Donor's Signature						Donor's ID # Do								onor's Location				
Please print out this form, sign it and return to the Human Resources Department for processing.																		
<u>District Use Only</u>																		
Date Accepted by HR:																		
Donor's ID	Day		Ba	ırgain	Recipients ID #													
<u>s</u>			<u>V</u>	'ACA														
Sick Leave Balance (hours):						Vacation Balance (hours):								Hours Per Day:				
Less Donated Hours: (Maximum 6 Days)						Less Donated Hours:									Hours Received: ———			
New Sick Leave	New V	New Vacation Balance (hours):																
New Sick Leave	New \	New Vacation Balance (days):																
Minimum Baland	Minimum Balance Required: 22 Days Minimum Balance Required: 10 days																	
Month / Year 1	2	3	4	5	6	7	7	8	9	1	10	11	12	13	14	15		
	<u> </u>																	
Month / Year 16	17	18	19	20	21	22	23	2	4 2	25	26	27	28	29	30	31		
				<u> </u>								<u> </u>			<u> </u>	<u> </u>		