



# Pierce County

## SHARED LEAVE DONOR FORM

Name		Employee ID Number	
Department		Phone Number	
<b>Leave Balance</b> Must maintain a sick leave balance of no less than 30 days, after donation of sick leave.			
Sick Leave	Date of Balance	Verified in Personnel	
<b>Donation</b> Sick leave hours must be donated in <u>full day increments</u> (seven, seven and one-half or eight hours), up to a maximum of forty hours per calendar year.			
Hours to Donate	Please note: Donations are approved for a six month period.		
Name of person you wish to donate sick leave to:			
How did you hear of the recipient's need for shared leave?			
Signature		Date	

### Human Resources

APPROVED [ ]	Approval Date:	
DISAPPROVED [ ]		
Reason for denial:	Denial Date:	

**NOTE:** Your cumulative sick leave balance will be adjusted to reflect this donation. The remaining available balance will be visible in Workday.