



Pierce County

SHARED LEAVE DONOR FORM

Name		Social Security Number	
Department		Phone Number	Timekeeper Location
Leave Balance 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	
Donation Sick leave hours must be donated in full day increments (seven, seven and one-half or eight hours), up to a maximum of forty hours per calendar year.			
Hours to Donate	Do you wish for this donation to be renewed should there remain a need after the 60 day expiration date? YES [] NO []		
Name of person you wish to donate sick leave to:			
How did you hear of the recipient's need for shared leave?			
Signature		Date	

Personnel Director

APPROVED [] DISAPPROVED []	If denied, explain:
Signature	Date

Original: File Copy: Employee

NOTE: This is the only notification you will receive. Your cumulative sick leave balance will be adjusted to reflect this donation. The remaining available balance will be visible on your pay stub.