

CONCRETE SCHOOL DISTRICT
LEAVE SHARING REQUEST

5406F
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DATE APPL. RE'VD: _____
INITIAL: _____

Date of Request _____

Leave Donor: _____
(Please Print) (Signature)

Leave Recipient: _____
(Please Print) (Signature)

Specific Dates to be covered: _____

NOTE: Leave Recipient to complete 1,2,3,4,5,6, & 11:
Leave Donor to complete 7,8,9, & 10:

EUGIBILITY REQUIREMENTS	<u>YES</u>	<u>NO</u>
1. The leave recipient suffers from, or has a relative or household member suffering from:	---	---
a. an extraordinary or severe illness	---	---
b. injury	---	---
c. impairment of physical or mental condition.	---	---
2. The condition addressed above will cause, or is likely to cause the staff member to:		
a. Go on leave-without-pay status, or	---	---
b. Terminate his/her employment.	---	---
3. The leave recipient's absence and the use of the shared leave are justified.	---	---
4. The leave recipient has depleted, or will shortly deplete, his/her vacation leave and/or sick leave reserves and all forms of applicable paid leave available prior to submission of this leave sharing request.	---	---
5. The leave recipient has diligently pursued and been found to be ineligible to receive industrial insurance benefits.	---	---
6. Documentation is provided from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the condition (attach copy).	---	---

YES NO

- | | | |
|--|-----|-----|
| 7. An application requesting the transfer of vacation or sick leave has been submitted to the Superintendent (attach original). | --- | --- |
| 8. Does this donation of vacation leave result in a vacation leave balance of fewer than ten (10) days? (This option is only applicable to employees who earn vacation leave.) | --- | --- |
| 9. Does this donation of sick leave result in a sick leave balance of fewer than sixty (60) days? (This option is only applicable to employees who do not earn vacation leave.) | --- | --- |
| 10. Does this donation exceed the six day limit of transferred sick leave per twelve month period? | --- | --- |
| 11. Will the leave recipient accrue more leave than the number of days remaining within his/her work year and/or a total of more than the number of days within his/her employment year? | --- | --- |

12. Certificated Staff Only:

Number of sick leave days to be transferred _____

13. Classified Staff Only:

Number of sick leave hours to be transferred _____
or

Number of vacation hours to be transferred _____

TO BE COMPLETED BY THE PAYROLL DEPARTMENT:

LEAVE DONOR:

Type of leave donated:

Sick Leave _____

Vacation Leave _____

#Days/Hours Donated _____

Rate of Pay:

Per Diem (Certs) \$ _____

Hourly (Class) \$ _____

Compensation Calculation \$ _____

Leave Returned:

#Days _____

Compensation Calculation \$ _____

LEAVE RECIPIENT:

Type of leave received:

Sick Leave _____

Vacation Leave _____

#Days/Hours Received _____

Rate of Pay:

Per Diem (Certs) \$ _____

Hourly (Class) \$ _____

Compensation Calculation \$ _____

Shared leave will accommodate the following days.

Leave unused by August 10th:

Days

Rate of Pay: \$ _____

Per Diem (Certs) _____

Hourly (Class) _____

Compensation Calculation \$ _____

Leave returned:

MM/DD/YY