## Mukilteo School District No. 6 MEA Authorization to Donate Shared Leave

I hereby authorize the Payroll Office to transfer sick	leave to the following:		
# of days of sick leave to the Shared Leave B	ank* <b>and/or</b>		
# of days of sick leave to:	(Name of Recipient)		
If in the event the employee named above doe please transfer any remaining donated leave day	s not fully utilize all designated donated leave, ays to the shared leave bank.		
	ees of the MEA collective bargaining unit that do not for for those requesting leave donation anonymously.		
<ul> <li>An employee must retain a balance of at least 22 days of sick leave after the transfer.</li> <li>Leave donated to an individual will be used in the order donated, i.e., first in, first out.</li> <li>Leave can only be transferred between employees within the MEA collective bargaining unit.</li> <li>Days donated above will be based on the donors FTE.</li> </ul> I have read the District's operating procedure for leave sharing and understand the requirements, restrictions and procedures for leave sharing. My donation of leave to another employee is done voluntarily, and I was not coerced in any way to make this donation. I wish to make my donation anonymous Yes No			
		Donating Employee Name:	(Please print)
		Signature:	
Last 4 of SS#: Work L	ocation:		
FOR PAYROLL OFFICE USE ONLY			
Contracted # of Hours Per Day of donating employee			
# Donating employee's Sick Leave Balance	_ Donation: Approved _ Denied _		
# of Hours Donated to Individual			
# of Hours Used by Individual			
# of Hours Donated to Shared Leave Bank			
# of Hours Returned			
Processed by:	Date:		
Updated: 12/11/2019			