

EXHIBIT EXHIBIT

**PROFESSIONAL / SUPPORT STAFF
VOLUNTARY TRANSFER OF
ACCRUED ANNUAL OR SICK LEAVE**

REQUEST TO DONATE ANNUAL OR SICK LEAVE

Name _____

Date of Application _____

Mailing Address _____

Street or Box Number City State Zip

() _____

Home Phone Number Work Location Job Title

I request that annual or sick leave be transferred to the leave account of an approved leave recipient (name) [_____] under the Transfer of Annual or Sick Leave Policy of this District.

As of the date indicated below I have enough leave accrued to my account to cover the transfer request in accord with the requirements of the District Policy. The amount of annual and sick leave I am transferring also does not reduce my accrued leave below that allowed by policy.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I will have a prorated share returned to me during either the current leave year or the following leave year.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Conditions and Limitations to Donations:

- The donated leave will be limited to annual leave or sick leave (sick leave will be any paid leave that the District, by policy, allows to be used for that purpose).
- ~~Donations will be limited by organizational structure and to prevent undue influence and conflict of interest issues.*~~

~~▪— Employees who are licensed (certificated) professional educators shall be limited to donating leave for use by those who are licensed (certificated) professional educators.~~

~~▪— Other employees (support staff) shall be limited to donating leave for use by other support staff.~~

~~▪— Central office and building level professional staff supervisory personnel may only donate to other professional staff supervisory employees.~~

- The person donating may only donate already accrued leave and shall maintain in accrued leave at least twenty-eight (28) days of sick leave (or the equivalent) at the time of the donation. *
- Donations will be by accrued days of leave, using either the donor's current daily wages or hourly wages earned for each donated day. The recipient shall receive the donation converted to the daily wages they currently earn.
- All donations shall be for the then current contract year and shall not exceed that period based upon the current contract earnings of the person to whom the donation is made. *
- All donations shall be on behalf of a specific recipient with the donation made to the district plan for transfer of leave based upon a medical emergency.
- All unused donated leave shall revert to the donating employees on a prorated basis.

Signature of Employee Date