

# Wenatchee School District No. 246 Certificated Leave Transfer Form

Name \_\_\_\_\_  
Name of Donating Employee (Please Print)

Building \_\_\_\_\_

Under the provision of Article VII Leaves, Section 8 (Sick Leave Sharing) of the Collective Bargaining Agreement between the Wenatchee Education Association and Wenatchee School District, I pledge sick leave days subject to the following restrictions:

1. Employees may donate sick leave to come to the aid of another employee who is suffering from an extraordinary or severe illness, injury, impairment or physical or mental condition which causes or is likely to cause the employee to take leave without pay or terminate his or her employment.
2. Employees cannot donate sick leave days that would result in his/her sick leave balance going below sixty (60) days.
3. Employees are restricted to donating a maximum of ten (10) days of sick leave during any twelve (12) month period.

I authorize transfer of \_\_\_\_\_ sick leave days to \_\_\_\_\_  
Name of Beneficiary

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Payroll Area

Number of sick leave days on account of donor \_\_\_\_\_

Number of sick leave hours used \_\_\_\_\_

Number of sick leave hours used \_\_\_\_\_

Number of sick leave hours used \_\_\_\_\_

\_\_\_\_\_ Denied due to insufficient sick leave balance

\_\_\_\_\_ Beneficiary in not eligible