KClogo_v_bwKing County Leave Donation Form

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| **Important Information** |

* **Donated leave provisions are subject to King County Code, Personnel Guidelines, Superior Court Administrative Guidelines, Master Labor Agreement, and applicable collective bargaining agreements.**
* General Rules:
  + Any employee eligible for leave benefits may donate a portion of his or her accrued vacation and/or sick leave to another employee eligible for leave benefits.
  + An employee must exhaust accrued sick leave before using donated sick leave and/or exhaust accrued vacation leave before using donated vacation leave.
  + Donated leave remains with the recipient of the donated hours (no reversion).
  + An employee may not donate sick leave unless they have 100 or more hours of accrued sick leave immediately subsequent to making the donation.
  + An employee may not donate more than 25 hours of accrued sick leave in a calendar year.
  + Donations are strictly voluntary. Employees are prohibited from soliciting, offering or receiving monetary or any other compensation or benefits in exchange for donated leave.
  + Donated leave cannot be donated to another employee.
  + Donated leave may only be donated between employees eligible for comprehensive leave benefits (no STT)
* General donated leave questions should be directed to their department payroll representative. All donated leave processing questions should be directed to [kc.enrollment@kingcounty.gov](mailto:kc.enrollment@kingcounty.gov).

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| **Donating Employee Completes this Section** | | | | | | | | | | | | |
| Employee donating leave: | |  | | | | | | | Department/Division: | |  | |
| Donation Hours: | Vacation Hours: | | |  | | Sick Hours: |  | Other hours & type (per CBA): | | |  | |
| Employee receiving donated leave: | | | | | WSNA Negotiating Team | | | | Department/Division: | |  | |
| Donating employee’s signature: | | |  | | | | | | | Date: | |  |
| **The recipient may be notified of your donation. If you wish to remain anonymous, check here** | | | | | | | | | | | | |

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| **Donating Employee Department** | | | | | | | | | | | | | | |
| Payroll/HR contact: | |  | | | | | Phone: | |  | Employee rate of pay: | | | | **$** |
| *By inserting my name I confirm/verify that this employee meets the donated leave requirements of the King County Code or union contract..* | | | | | | | | | | | | | | |
| Union Name: |  | | | | | | | | | Employee ID number: | | | | **0000** |
| Department director/designee’s signature: | | | |  | | | | | | | | Date: | |  |
| *By signing this form I confirm that this employee is eligible to donate leave under King County Code or union contract requirements.* | | | | | | | | | | | | | | |
| **Receiving Employee Department** | | | | | | | | | | | | | | |
| Payroll/HR contact: | |  | | | | | Phone: | |  | Employee rate of pay: | | | **$** | |
| *By inserting my name I confirm/verify that this employee meets the donated leave requirements of the King County Code or union contract.* | | | | | | | | | | | | | | |
| Union Name: |  | | | | | | | | | Employee ID number: | | | **0000** | |
| Department director/designee’s signature: | | | | |  | | | | | | Date: | |  | |
| *By signing this form I confirm that this employee is eligible to donate leave under King County Code or union contract requirements.* | | | | | | | | | | | | | | |
| **Benefits, Payroll and Retirement Operations Section** | | | | | | | | | | | | | | |
| Date form processed: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Notes: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |