King 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.

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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: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |