HIGHLINE COLLEGE
SHARED LEAVE DONATION FORM

Complete this form to authorize the transfer of annual leave, sick leave or personal holiday hours, **minimum donation is 8 hours**, to another Highline employee to be used for sick leave. **Faculty members can transfer only sick leave hours.** Submit this form to Human Resources, 99-200.

**Donating Employee** ____________________________  **SID or SSN** ____________________________  **Date** ____________

__________ hours of annual leave (vacation)
(Transfer cannot cause leave balance to fall below 80 hours or 10 days)
Wishes to donate ___________ hours of sick leave
(Transfer cannot cause leave balance to fall below 176 hours or 22 days)
__________ hours of personal holiday

**Employee Designated to Receive Hours**

**Donating Employee’s Signature** ____________________________  **Date** ____________

**Signature of Supervisor** ____________________________  **Date** ____________

**Signature of Executive Dir.of HR** ____________________________  **Date** ____________

**Signature of President** ____________________________  **Date** ____________

Request is ____ Approved ____ Disapproved

**For Human Resources Use Only**

Department contact responsible for maintaining leave records: ____________________________

Current Annual Leave Balance ____________  Leave Transfer Date ____________  Balance After Transfer ____________

Current Sick Leave Balance ____________  Leave Transfer Date ____________  Balance After ____________

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