

LYNDEN SCHOOL DISTRICT #504

Name (print) _____ Building _____

SHARED SICK LEAVE DONATION AFFIDAVIT

I hereby request _____ hours of my eligible sick leave be transferred to the account of
leave recipient, (print name) _____,

I hereby acknowledge this request to be voluntary on my part and that Lynden School District has not in any manner influenced my decision. I further acknowledge that following this transfer, I will have a sick leave balance of at least 154 hours if in a certificated position, or 176 hours if in a classified position.

Donated sick leave will be applied to the recipient based on need. If the employee does not use the donated leave, unused hours will be returned to leave donors based on amount donated. Donated hours may be deducted from your sick leave on different dates.

Signed: _____ Date: _____

PAYROLL: Total hrs used _____ Date _____ Total hrs used _____ Date _____

Total hrs returned _____ Date _____