CONCRETE SCHOOL DISTRICT
LEAVE SHARING REQUEST

5406F

DATE APPL. RE'VD: _____
INITIAL: _____

Date of Request _____

Leave Donor: _____ _____
(Please Print) (Signature)

Leave Recipient: _____ _____
(Please Print) (Signature)

Specific Dates to be covered: _____

NOTE: Leave Recipient to complete 1,2,3,4,5,6, & 11:
Leave Donor to complete 7,8,9, & 10:

EUGIBILITY REQUIREMENTS	YES	NO
1. The leave recipient suffers from, or has a relative or household member suffering from:	---	---
a. an extraordinary or severe illness	---	---
b. injury	---	---
c. impairment of physical or mental condition.	---	---
2. The condition addressed above will cause, or is likely to cause the staff member to:		
a. Go on leave-without-pay status, or	---	---
b. Terminate his/her employment.	---	---
3. The leave recipient's absence and the use of the shared leave are justified.	---	---
4. The leave recipient has depleted, or will shortly deplete, his/her vacation leave and/or sick leave reserves and all forms of applicable paid leave available prior to submission of this leave sharing request.	---	---
5.The leave recipient has diligently pursued and been found to be ineligible to receive industrial insurance benefits.	---	---
6. Documentation is provided from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the condition (attach copy).	---	---

	YES	NO
7. An application requesting the transfer of vacation or sick leave has been submitted to the Superintendent (attach original).	---	---
8. Does this donation of vacation leave result in a vacation leave balance of fewer than ten (10) days? (This option is only applicable to employees who earn vacation leave.)	---	---
9. Does this donation of sick leave result in a sick leave balance of fewer than sixty (60) days? (This option is only applicable to employees who do not earn vacation leave.)	---	---
10. Does this donation exceed the six day limit of transferred sick leave per twelve month period?	---	---
11 . Will the leave recipient accrue more leave than the number of days remaining within his/her work year and/or a total of more than the number of days within his/her employment year?	---	---

12. Certificated Staff Only:

Number of sick leave days to be transferred _____

13. Classified Staff Only:

Number of sick leave hours to be transferred _____

or

Number of vacation hours to be transferred _____

TO BE COMPLETED BY THE PAYROLL. DEPARTMENT:

LEAVE DONOR:
Type of leave donated:

Sick Leave _____
Vacation Leave _____
#Days/Hours Donated _____
Rate of Pay:
Per Diem (Certs) $ _____
Hourly (Class) $ _____
Compensation Calculation $ _____

Leave Returned:

#Days _____
Compensation Calculation $_____

LEAVE RECIPIENT:
Type of leave received:

Sick Leave _____
Vacation Leave _____
#Days/Hours Received _____
Rate of Pay:
Per Diem (Certs) $ _____
Hourly (Class) $ _____
Compensation Calculation $ _____
Shared leave will accommodate the following days.

_____
_____
_____

Leave unused by August 10th:
Days
Rate of Pay: $ _____
Per Diem (Certs) _____
Hourly (Class) _____
Compensation Calculation $ _____
Leave returned:

_____

MM/DD/YY