

VASHON ISLAND SCHOOL DISTRICT NO. 402

Leave Sharing Plan – Classified Staff

Policy 5406, Leave Sharing, was adopted by the Board of Directors at a regular meeting on March 26, 2009. In accordance with Procedure 5406P The following stipulations apply to leave sharing:

A district employee is eligible to receive donated leave if the staff member:

1. suffers from, or has a relative or household member suffering from, an extraordinary or severe illness, injury, impairment or physical or mental condition,
2. has been called to service in the uniformed services which has caused, or is likely to cause, the staff member to:
 - a. Go on leave-without-pay status; or
 - b. Terminate his/her employment;
3. The staff member’s absence and the use of shared leave are justified by documentation;
4. The staff member has depleted, or will shortly deplete, his/her annual leave and sick leave reserves;
5. The staff member has abided by district rules regarding sick leave use; and
6. The staff member has diligently pursued and been found to be ineligible to receive industrial insurance benefits.

Classified employees may donate leave as follows:

1. A staff member who is eligible for annual leave (vacation) and has an accrued annual leave balance of more than ten (10) days may request to transfer vacation to another person authorized to receive shared leave. A staff member may not request a transfer that would result in an accrued annual leave balance of fewer than ten (10) days;
2. A staff member who has an accrued sick leave balance of more than twenty-two (22) days may request to transfer sick leave to another person authorized to receive shared leave. A staff member may not request a transfer that would result in an accrued sick leave balance of fewer than twenty-two (22) days.
3. A staff member who receives personal holiday leave may request to transfer personal holiday leave to another person authorized to receive shared leave. A staff member may request to transfer no more than eight (8) hours of personal holiday leave during any calendar year;

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Leave Sharing Plan – Certified Staff

EMPLOYEE AUTHORIZATION PLAN

No. of days to be transferred: _____ DAYS

To: _____
Specific Employee Name (please print)

- If transferred leave is no longer needed by the employee I have specified above please transfer it back to my account (on a pro-rated basis when more than one employee contributed to the same staff member.)
- If transferred leave is no longer needed by the employee I have specified above please donate it to the districtwide leave pool.

Employee Name - Printed: _____

(Employee Signature) (Date)

*The authorization signature of the district employee acknowledges awareness of the stipulations as outlined and agreement to abide by those stipulations in the transfer of sick leave.