



King County Leave Donation Form

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.

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: _____ Department/Division: _____

Donating employee's signature: _____ Date: _____

The recipient may be notified of your donation. If you wish to remain anonymous, check here

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: _____