



King County

King County Leave Donation Form

Important Information

- **Donated leave provisions are subject to King County Code 3.12.223, Personnel Guidelines 14.6, Superior Court Administrative Guidelines 8.07 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 must be used within 90 calendar "days from the date the donation is entered into PeopleSoft. Donations unused after 90 calendar days are returned to the active King County employee (if the donating employee is no longer active, these hours will be forfeited).
 - 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.
- 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. I further understand that donation forms should be returned to the donor if either the donor or recipient are not eligible to receive or donate leave.

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. I further understand that donation forms should be returned to the donor if either the donor or recipient are not eligible to receive or donate leave

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: _____ 90 Day reversion date: _____