

Sequim School District No. 323

"Engage Empower Thrive"
503 North Sequim Avenue, Sequim, WA 98382
Telephone: (360) 582-3260, FAX: (360) 683-6303
www.sequimschools.org

APPLICATION FOR DONATING PERSONAL LEAVE

EMPLOYEE SECTION: Complete this section, sign and date the form; send to the Payroll Office at the District Office

I wish to donate Personal Leave Hours to	my Spouse:
First Name of Spouse (Please Print)	Last Name of Spouse (Please Print)
Please donate the following amount of P	Personal Leave hours:
	rsonal leave hours noted above pursuant to ignature below indicates that I understand
SEA Members may donate Personal Leav also a member of the SEA Union.	e days to their Spouse as long as the Spouse is
2. I donate these days voluntarily and have financially intimidated or financially indu	e not been coerced, threatened, intimidated or uced into donating personal leave.
3. Once approved, this request is irrevocable.	
Employee Name (Please Print)	<u>.</u>
Employee Signature	Date .
Return to Payroll by the 10th of the month in which you desire to donate. Late forms will not be honored. FOR ADMINISTRATIVE USE ONLY:	
TOR ADMINISTRATIVE USE ONET.	
Balance before shared hours: Shared H Code:	
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Instructions

Login into your Employee Access in Skyward to view your leave balances.

- 1. Click on the TIME OFF button.
- 2. Click the MY STATUS button.
- 3. You'll see a screen showing each category of leave available to you in the TIME OFF CODE column.
- 4. Under the AVAILABLE column is the balance of leave that is available to use or cash out. See highlighted picture below.

