

WENATCHEE SCHOOL DISTRICT NO. 246

LEAVE TRANSFER REQUEST

Name \_\_\_\_\_ Building \_\_\_\_\_
(Employee - Please Print)

The legislature finds that: (1) State employees historically have joined together to help their fellow employees who suffer from, or have relatives or household members suffering from, an extraordinary or severe illness, injury, impairment, physical or mental condition which prevents the individual from working and causes great economic and emotional distress to the employee and his or her family; and (2) these circumstances may be exacerbated because the affected employees use all their accrued sick leave and annual leave and are forced to take leave without pay or terminate their employment. Therefore, the legislature intends to provide for the establishment of a leave sharing program.

Reason:

Four horizontal lines for writing the reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----APPROVAL PROCESS-----

Collective Bargaining Unit Name \_\_\_\_\_

Yes No Signature Date

Collective Bargaining Unit Rep \_\_\_\_\_

HR Administrator Approval \_\_\_\_\_

- Send approved leave transfer requests form to the payroll department.
• Collective Bargaining President would notify members of approved leave transfer request and distribute leave transfer forms.