

PROFESSIONAL / SUPPORT STAFF VOLUNTARY TRANSFER OF ACCRUED ANNUAL OR STRAIGHT LEAVE

Request to Donate Annual or Straight Leave

Name of Staff Member Donating Leave _____

Mailing Address _____

Street or Box Number

City

State

Zip

(____) _____

Home/Cell Number

Work Location

Job Title

I request my accrued annual or straight leave transferred to the leave account of approved leave recipient listed below:

_____, according to the *Transfer of Annual or Straight Leave Policy of the Cuba Independent School District
Leave Donation Recipient

As of the date indicated below I have sufficient Straight and/or Annual leave accrued to my account to cover the transfer request **keeping my leave balance at or above 28 days** in accordance with the requirements of *District Policy. The amount of annual and straight leave I am transferring also does not reduce my accrued leave below that allowed by policy.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I will have a pro-rated share returned to me during either the current leave year or the following leave year.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Conditions and Limitations to Donations:

- The donated leave will be limited to annual leave or straight leave.
- Donations will not be limited by organizational structure.
- The person donating may only donate already accrued leave and shall maintain in accrued leave **at least twenty-eight (28) days** of annual/straight leave at the time of the donation.
- Donations will be by accrued days of leave, using either the donor's current daily wages or hourly wages earned for each donated day. The recipient shall receive the donation converted to the daily wages they currently earn.
- All donations shall be for the then current contract year and shall not exceed that period based upon the current contract earnings of the person to whom the donation is made.
- All donations shall be on behalf of a specific recipient with the donation made to the district plan for transfer of leave based upon a medical emergency.
- All unused donated leave shall revert to the donating employees on a prorated basis.

Enter the number of leave days to be donated: Straight _____ Annual _____

Signature of Employee

Date