Washtenaw I S D
A REGIONAL EDUCATIONAL SERVICE AGENCY

TRANSFER OF SICK LEAVE FORM

Name of Staff Member Donating: (print):_____ Date:_____

Name of Staff Member donating to: _____

Number of hours donating: _____

Signature of Donating Staff Member: _____

All WISD employees may donate up to 37.5 hours (5 days) of his/her accumulated sick leave to another WISD employee who has used (or shall use) all of his/her sick leave and is experiencing a long-term medical condition; family member's long term medical condition; impending death of a family member; or a childcare leave as allowed under the provisions of the current bargaining agreements/non-affiliated manual. A transfer of sick leave is only allowed if the donating employee's wage is greater than or equal to the recipient's wage. An Employee shall not receive more than four hundred and twelve and a half (412.5) hours (55 days) during the employee's duration of employment with the Employer.

An employee's participation is strictly voluntary. An employee who wants to transfer earned sick leave to a WISD employee of their choice may apply to do so by completing the Transfer of Sick Leave form and submitting it to the Human Resources Department. Any employee that wants to utilize sick leave (donated or otherwise) must follow the absence request procedure set forth in the respective Federation Collective Bargaining Agreement or the Non-Affiliated and Early Childhood Personnel Manual.

Donated days shall not be counted against the donor related to any provision regarding acceptable use of sick leave.

FOR OFFICE USE ONLY: ☐ EE Long-Term Illness ☐ Family Member Long-Term Illness

☐ Childcare Leave ☐ Impending Death of a Family Member

HR Supervisor:_____ Date: _____

☐ Approved ☐ Denied If denied, reason for denial:_____

Executive Director, HR:_____ Date: _____

Transferred From:_____ Date: _____

Transferred To:_____ Date: _____

revised: 10.14.25 blm