

**Washington County  
Sick Leave Sharing Form  
as per County Personnel Policy  
(please see the following before signing)**

Section 6: Sick Leave Sharing  
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The County Manager may permit a regular full-time or regular part-time employee to receive sick leave donations from other qualified employees if:

- The employee suffers from an illness, injury, impairment or physical or mental condition which is of an extraordinary or severe nature and which has caused or is likely to cause the employee to:
  - Go on leave without pay status or
  - Terminate County employment
- The employee's absence and the use of shared sick leave are justified
- The employee has depleted or will shortly deplete his or her annual vacation leave and sick leave reserves
- The employee has abided by all personnel rules regarding sick leave

The County Manager shall determine the amount of sick leave, if any, an employee may receive. However, an employee shall not receive, in donations, a total of more than seven hundred and twenty hours of donated sick leave.

Donated sick leave shall be utilized in the order of receipt by the County Manager. Such leaves shall be donated in increments of seven and one half hours or in increments of the amount of hours worked in one regular shift by departments working other shifts.

An employee who has accrued a sick leave balance of more than 160 hours may request that the County Manager transfer a specified amount of sick leave to another employee authorized to receive sick leave. In no event may the employee request a transfer of an amount of sick leave that would result in his or her own leave going below 160 hours.

The amount of sick leave time transferred which remains unused shall be returned to the employee or employees who transferred the leave when the County Manager finds that the leave is no longer needed or will not be needed at a future time in connection with the illness or injury for which the leave was transferred.

I, \_\_\_\_\_, an employee of Washington County, hereby donate  
\_\_\_\_\_ number of days of sick leave to \_\_\_\_\_ (person donating  
to) in \_\_\_\_\_ Department, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Manager

\_\_\_\_\_  
Date