

Auburn School District No. 408

Leave Sharing

Request to Receive Shared Leave from an Educational Institution in the State of Washington

Instructions: After completing all blanks in sections I and II, forward all copies to the Human Resources Office.

I. Employee requesting shared sick leave

Name (please print) _____

Work Location _____

Sick Leave Days Requested _____

Beginning Date

Ending Date

II. Certification (check only one)

____ I suffer from an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature or have been called to service in the uniform services and which has caused, or is likely to cause, me to go on leave-without-pay status or terminate employment.

____ A relative or household member is suffering from an illness, injury, or impairment, or physical or mental condition which is of an extraordinary or severe nature and which has caused, or is likely to cause, me to go on leave-without-pay status or terminate employment.

Name of relative/household member _____

I have attached documentation from a licensed physician, or other authorized health care practitioner, verifying the severe or extraordinary nature and expected duration of the condition. I understand that this documentation must be submitted prior to the District taking any action of leave sharing (WAC 392-126-095).

Employee's Signature

Date

Donating Institution: Business Name: _____

Address: _____

I approve the transfer of _____ to the Auburn School District.

Signature of Donor's Superintendent/CEO: _____

Date: _____

Donating Institution: Please remit to Auburn School District, 915 Fourth Street NE, Auburn, Washington, 98002, within 30 days of receipt of this approved document by the Auburn School District Superintendent.

OFFICE USE ONLY

Approval of Auburn School District Superintendent _____

1. Human Resources

Time in

Human Resources Approval

2. Payroll Office

First day eligible to receive shared leave _____

Leave transferred from:

