



Human Resources

APPLICATION TO RECEIVE SHARED LEAVE

Employee Requesting Shared Leave: _____

Building/Dept: _____ Position: _____

Check if your position requires a substitute

Shared Leave Request Start Date: _____ End Date: _____

I suffer 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 me to go on leave-without-pay status or terminate employment. Extraordinary or severe means serious or extreme and/or life threatening. WAC392-136A-020

A relative or household member is suffering 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 me to go on leave-without-pay status or terminate employment.

Name of relative/household member: _____

My request for shared leave is for pregnancy disability or parental leave.

I am a victim of domestic violence, sexual assault, or stalking as defined in RCW 41.04.655.

I have been called to service in the uniformed services.

Required certification is attached. For specific requirements, see Documentation form.

Employees who qualify for shared leave can maintain up to 40 hours of annual leave and 40 hours of sick leave.

I would like to maintain _____ hours (up to 40) of annual leave.

I would like to maintain _____ hours (up to 40) of sick leave leave.

Employee Signature _____ Date _____

FOR HUMAN RESOURCES USE ONLY:

Received Time: _____ Date: _____

Total number of Days/Hours currently available for this employee:

_____ (#) Sick Days/Hours Remaining

_____ (#) Annual Leave Days/Hours Remaining

_____ **TOTAL # Days/Shifts Remaining**

_____ Request Approved _____ Request Denied

HR APPROVAL: _____ **Date:** _____

FOR PAYROLL SERVICES USE ONLY:

First Day Eligible to Receive Shared Leave:

Leave Transferred From: