



**Human Resources**  
**APPLICATION TO RECEIVE SHARED LEAVE**  
**From An Educational Institution in the State of Washington**

Employee Requesting Shared Leave: \_\_\_\_\_

Building/Dept: \_\_\_\_\_ Position: \_\_\_\_\_

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 back of form.

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

**Donating Institution:** Business Name and Address: \_\_\_\_\_

I approve the transfer in the amount of \_\_\_\_\_ hours to the Auburn School District.

Signature of Donor's Superintendent/CEO: \_\_\_\_\_ Date \_\_\_\_\_

**Donating Institution:** Please remit to Auburn School District #408, 915 Fourth Street NE, Auburn WA 98002 within 30 days of receipt of this approved documentation by the Auburn School District Superintendent.

**FOR HUMAN RESOURCES USE ONLY:**

Received Time: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Request Approved \_\_\_\_\_ Request Denied

Comments: \_\_\_\_\_

**HR APPROVAL:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR PAYROLL SERVICES USE ONLY:**

First Day Eligible to Receive Shared Leave:

Leave Transferred From: