

**Auburn School District No. 408**  
**Leave Sharing**  
**Request to Receive Shared Leave from Co-Workers**

**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 Day \_\_\_\_\_

**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).

*NOTE: Employees of Auburn School District have the ability to receive shared leave from other educational institutions in the State of Washington pending approval of the Superintendent/CEO at each institution.*

\_\_\_\_\_  
Employee's Signature Date

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**OFFICE USE ONLY**

**1. Human Resources**

\_\_\_\_\_  
Time in \_\_\_\_\_  
Assistant Superintendent of Human Resources Date

**2. Payroll Office**

First day eligible to receive shared leave \_\_\_\_\_

Leave transferred from:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_