

Application to Receive Shared Leave from Co-Workers

Employee Requesting Shared Leave: _____

Building/Dept: _____ Position: _____ Hour/FTE: _____

Shared Leave Request Period Start Date: _____ End Date: _____

Certification

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, 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.

Name of relative/household member: _____

I have attached documentation from a licensed physician, or other authorized health care practitioner, verifying the extraordinary or severe nature and the expected duration of the condition. I understand that this documentation is required prior to the District taking any action of leave sharing.

[RCW 41.04.660](#)

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

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 Signature _____

Date _____

FOR HUMAN RESOURCES USE

ONLY Time: _____ Date: _____

Request Approved

Request Denied Comments:

HR Approval: _____

Date: _____

FOR PAYROLL SERVICES USE ONLY

First day eligible to receive share leave: _____

Leave transferred from: