

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

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 provided documentation from a licensed physician, or other authorized health care practitioner, verifying the extraordinary or severe nature and the expected duration of the condition to my employer. 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.

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, 915 Fourth Street NE, Auburn, WA 98002, within 30 days of receipt of this approved documentation by the Auburn School District Superintendent.*

<p><b>FOR HUMAN RESOURCES USE</b></p> <p><b>ONLY</b> Time: _____ Date: _____</p> <p>Request Approved _____</p> <p>Request Denied Comments: _____</p> <p>HR Approval: _____</p> <p>Date: _____</p>	<p><b>FOR PAYROLL SERVICES USE ONLY</b></p> <p>First day eligible to receive share leave: _____</p> <p>Leave transferred from: _____</p>
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