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

   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:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Revised: 4/12
M7:P-054
Personnel: White
Payroll: Pink
Employee: Yellow