



Human Resources

APPLICATION TO RECEIVE SHARED LEAVE

Employee Requesting Shared Leave: _____

Building/Dept: _____ Position: _____

Check if your position requires a substitute ☐

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 Documentation form.

Employees who qualify for shared leave can maintain up to 40 hours of annual leave and 40 hours of sick leave.

I would like to maintain _____ hours (up to 40) of annual leave.

I would like to maintain _____ hours (up to 40) of sick leave leave.

Employee Signature _____ Date _____

FOR HUMAN RESOURCES USE ONLY:

Received Time: _____ Date: _____

Total number of Days/Hours currently available for this employee:

_____ (#) Sick Days/Hours Remaining

_____ (#) Annual Leave Days/Hours Remaining

_____ **TOTAL # Days/Shifts Remaining**

_____ Request Approved _____ Request Denied

HR APPROVAL: _____ **Date:** _____

FOR PAYROLL SERVICES USE ONLY:

First Day Eligible to Receive Shared Leave:

Leave Transferred From: