



## Human Resources

# APPLICATION TO RECEIVE SHARED LEAVE From An Educational Institution in the State of Washington

Employee Requesting Shared Leave: \_\_\_\_\_

Building/Dept: \_\_\_\_\_ Position: \_\_\_\_\_

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 \_\_\_\_\_

**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 #408, 915 Fourth Street NE, Auburn WA 98002 within 30 days of receipt of this approved documentation by the Auburn School District Superintendent.

### FOR HUMAN RESOURCES USE ONLY:

Received Time: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Request Approved \_\_\_\_\_ Request Denied

Comments: \_\_\_\_\_

**HR APPROVAL:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR PAYROLL SERVICES USE ONLY:

First Day Eligible to Receive Shared Leave:

Leave Transferred From: