

Highline Public Schools  
Request for Leave Sharing

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

*Indicate the Reason You Are Requesting Leave Share (Circle One)*

Medical - (Employee)

Family Medical - (Relative or Member of Household)

Last Day Worked: \_\_\_\_\_

Return to Work Date: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach Completed Medical Certification Form from Physician/Practitioner

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HUMAN RESOURCES USE ONLY**

**Approved**

**Reason:** \_\_\_\_\_

**Denied**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date