

**BURLINGTON-EDISON PUBLIC SCHOOLS  
APPLICATION FOR USE OF SHARED LEAVE**

To: Shared Leave Committee

Date \_\_\_\_\_

From: \_\_\_\_\_

I hereby request use of shared leave as Described in Policy 5406 and supporting WAC 392-126. I certify that I am eligible to receive shared leave under the following conditions:

- My job is one in which annual and/or sick leave, as appropriate, can be used and accrued.
- I am not eligible for time loss compensation under Worker's Compensation.
- I have abided by District policy regarding the use of sick leave.
- I have exhausted , or will soon exhaust , all forms of paid leave as of \_\_\_\_\_.  
(Please check appropriate box and insert date.) (Date)
- The condition for which I seek shared leave is of a severe or extraordinary nature and has caused or is likely to cause me to go on leave without pay or terminate District employment (physician's statement verifying the severe nature and expected duration of the condition is attached), or meets one of the qualifying conditions set forth in Procedure 5406P.
- I have not used more than 261 days of shared leave during state or school district employment.

I further certify that the shared leave I am requesting is for

myself, because \_\_\_\_\_

the care of \_\_\_\_\_, a relative suffering an extraordinary or severe condition, specifically \_\_\_\_\_

the care of \_\_\_\_\_, a household member who is suffering an extraordinary or severe condition, specifically \_\_\_\_\_

"Relative" in this case means spouse, child, stepchild, grandchild, grandparent, parent, sibling or other close relative by blood or marriage.

"Household member" means a person who resides in the same house as a family unit, including foster children and legal wards even if they do not live in the household. The term does not include persons sharing the same general house when the living style is primarily that of a dormitory or commune.

"Extraordinary and severe" means serious or extreme and/or life threatening.

I authorize the release of my name and medical condition for the purpose of soliciting leave donations. I agree to reimburse the district for any funds that I receive through my long term, district-provided, disability insurance for the period of time that I am receiving shared leave pay.

\_\_\_\_\_  
Applicant's/Legal Representative's Signature

Your request for use of shared leave is hereby

APPROVED

DISAPPROVED

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date