

**QUINCY SCHOOL DISTRICT
SHARED LEAVE REQUEST FORM**

SHARED LEAVE REQUEST INSTRUCTIONS: It is very important that you read this form in its' entirety.

PURPOSE – (WAC 392-126-004) permits employees to donate vacation leave and/or sick leave to a fellow employee who is suffering from, or has a relative or household member who is suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition which has caused or is likely to cause the employee to take leave without pay or terminate his or her employment.

ELIGIBILITY – (WAC 392-126-075) an employee may be eligible to receive shared leave under the following conditions:

1. The employee's job is one in which vacation leave and/or sick leave can be used and accrued.
2. The employee is not eligible for time-loss under chapter 51.32 RCW (Worker's Compensation).
3. The employee has abided by district policies regarding the use of vacation leave and/or sick leave.
4. The employee has exhausted, or will exhaust, his or her vacation leave and/or sick leave.
5. The condition has caused, or is likely to cause, the employee to go on leave without pay or terminate district employment.

DOCUMENTATION – (WAC 392-126-095) an employee requesting shared leave compensation shall:

1. Submit to the QSD Administration Office documentation from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.
2. The Superintendent shall review and approve or deny the request for shared leave based upon:
 - a. The written request and supporting documentation of the condition of the employee, relative, or household member.
 - b. A written report from the Payroll Office stating the applicant's vacation leave and/or sick leave balance.
 - c. A review of the applicant's personnel file or other relevant information to determine whether the applicant has complied with the district leave policy.

RECEIVING EMPLOYEE – Complete this form and submit to the QSD Administration Office with the required medical documentation to request donation of vacation leave and/or sick leave from other QSD employees.

<i>Applicant's Name:</i>	<i>Position:</i>
<i>If applicable, name of person you provide care to:</i>	<i>Relationship to you:</i>

I authorize the release of my name to solicit leave donations. Yes _____ No _____ Initials _____

I authorize the release of my medical condition for the purpose of soliciting leave donations. Yes _____ No _____ Initials _____

I certify that I meet the eligibility requirements above and those of the QSD's Policies and Procedures for Shared Leave.

Signature _____ Date _____ Phone# _____

Approved _____ Denied _____ Superintendent _____ Date _____

PAYROLL USE ONLY:		
Sick Leave Balance _____	Vacation Balance _____	Shared Leave Balance _____
Reviewed By: _____		Date: _____