

REQUEST FOR SHARED LEAVE

Must reach Payroll by the 10th to take effect that month

TO: Payroll Department

FROM: Name _____ **Location** _____
(Employee -please print)

Email _____ **Phone #** _____

Under the provision of RCW 41.04, I wish to become an eligible recipient of shared leave.

I have read and understand the criteria on the reverse which will be used in determining my eligibility to participate in this program. Further, this application is accompanied by documentation from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the condition which necessitated this request.

I understand that a new request must be submitted for approval for each separate condition eligible for shared leave. If the leave request extends from one school year to the next, a new application must be submitted at the beginning of each school year.

I understand all current leave balances will be exhausted prior to utilizing shared leave.

I do hereby acknowledge that I will be required to repay donated sick leave in the event it has been determined that I am eligible for time loss compensation under Title 51 RCW (the Industrial Insurance Act).

(Recipient signature)

(Date)

FOR PAYROLL OFFICE USE ONLY

Request Approved _____ **Request Denied** _____

Comments _____

(Superintendent Signature and Date)

SEE ATTACHED POLICY FOR GUIDELINES

YELM COMMUNITY SCHOOLS
PO BOX 476
YELM, WASHINGTON
FAX: 360-458-2469
PHONE: 360-458-6136

LEAVE SHARING

- A. A district employee is eligible to receive donated leave if:
1. The staff member suffers from, or has a relative or household member suffering from, an extraordinary or severe illness, injury, impairment or physical or mental condition or who has been called to service in the uniform service which has caused, or is likely to cause, the staff member to:
 - a. Go on leave--without pay status; or
 - b. Terminate his/her employment.
 2. The staff member's absence and the use of shared leave are justified by documentation;
 3. The staff member has depleted, or will shortly deplete, all leave reserves;
 4. The staff member has abided by district rules regarding sick leave use
- The superintendent shall determine the amount of leave, if any, which a staff member may receive under this policy. However, a staff member shall not receive more leave than the number of contracted days remaining in the current school year. In the event that the condition requiring the employee's absence continues beyond the current school year, the employee shall not receive a total of more than 522 days of leave.
- B. District employee may donate leave as follows:
1. A staff member who has an accrued annual vacation leave balance of more than ten (10) days may request that the Payroll Department transfer a specified number of days to another staff member authorized to receive shared leave, or to the district's annual leave pool. A staff member may not request leave to be transferred that would result in an accrued annual vacation leave balance of fewer than ten (10) days.
 2. A staff member who accrues annual leave and sick leave may request that the Payroll Department transfer sick leave to a staff member authorized to receive shared leave, or to the districts shared leave pool. A donating staff member must retain a minimum of 22 days of sick leave after the transfer.
 3. A staff member who does not accrue annual leave but who has an accrued sick leave balance of more than twenty-two (22) days may request that the payroll department transfer a specified amount of sick leave to another staff member authorized to receive shared leave, or to the district's shared leave pool.

PERSONNEL

LEAVE SHARING

- A staff member may not request a transfer that would result in an accrued sick leave balance of fewer than twenty-two (22) days. Sick leave as defined in RCW 28A.400.300 means leaves for illness, injury and emergencies.
4. A staff member who receives personal leave may request that the payroll department transfer a day of personal leave to another staff member authorized to receive shared leave. A staff member may request to transfer no more than one day of personal leave during any twelve month period.
 5. The number of leave days transferred shall not exceed the amount authorized by the donating staff member.
- C. Leave shall be calculated on a day-donated and day-received basis.
- D. The shared leave recipient shall be paid his or her regular rate of pay. The dollar value of the leave shall be converted from the donor to the recipient such that one day/hour of donated leave may cover more or less than one day/hour of the recipient's salary. The actual transfer of sick leave from the donor to the recipient will occur during the payroll period it is needed to pay the recipient's regular base salary/wage. The leave recipient will also receive the appropriate monthly insurance benefits while on shared leave. However, the leave recipient does not receive benefits such as extracurricular stipends, premium pay, etc. Sick leave which is donated will be processed in the order that it is received by the payroll department.
- E. All leave must be donated voluntarily. No employee shall be coerced, threatened, intimidated or financially induced into donating leave.
- F. The district shall require the employee or his or her legal representative to submit, prior to approval or disapproval, documentation from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature, and expected duration of the condition. (WAC 392-126-095)

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MEDICAL DOCUMENTATION

TO: Payroll Department, Yelm Community Schools

FAX: 360-458-2469

Payroll: 360-458-6136

The Yelm Community Schools have a leave sharing program intended to extend leave benefits, in a manner consistent with State law, to employees who otherwise would have to take leave without pay or terminate their employment with the district.

WAC 392-126-095 *The district shall require the employee or his or her legal representative, to submit, prior to approval or disapproval, documentation from a licensed physician or other health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.*

Employee Name _____ Location _____

(Print Name)

Patient Name _____ Relationship: Self ☐ Spouse ☐ Child ☐ Other family ☐

(Print Name)

To be completed by Physician:

My patient suffers from a serious/extreme and/or life-threatening condition. My patient's condition is "serious or extreme and/or life-threatening" because:

(explain) _____

OR

My patient is on Parental leave ☐

Expected duration of my patient's condition:

Start date _____ to _____ End date.

Physician Signature _____ Date _____

Name of Practice (PRINT) _____

Phone Number _____ Fax _____