Shared Leave Request Form

WAC 392-136A-030 – Shared Leave Eligibility
(Sick Leave Donations)

SHORELINE PUBLIC SCHOOLS

Complete this form and return it, along with a Medical Documentation for Share Leave form, to Human Resources.

Employee Name: _____ Date: _____

Position/Job Title: _____ Dept/School: _____

Qualifying Reason for Shared Leave Request (choose eligibility reason):

☐ (a) An extraordinary or severe illness, injury, impairment, or physical or mental condition — affecting me, a relative, or a household member.
☐ (g) I need the time for parental leave.
☐ (h) I am sick or temporarily disabled because of pregnancy disability.
☐ Other (see WAC 392-136A-030 for additional eligibility reasons)

Shared Leave Requested

Amount of leave requested (hours or days): _____

Start date: _____ End date: _____

Are you currently receiving industrial insurance (L&I) wage-replacement benefits?

☐ No ☐ Yes - combined shared leave and L&I wage-replacement benefits may not exceed 25% of your base salary (RCW 41.04.665(2)(b)).

Employee Signature Acknowledgement

- I understand my absence and use of shared leave must be justified and is subject to district approval (WAC 392-136A-030(1)(a-h)).
- I certify that I have complied with district policy on the use of sick leave and/or other accrued leave applicable to my qualifying reason (WAC 392-136A-030(5)(a)).
- I understand medical documentation is required for qualifying reasons (a) and (h) to establish eligibility. My Share Leave Request can only be reviewed if/when I provide the *Medical Documentation for Shared* Leave form.
- I understand that I may only use Shared Leave donations when I am off due to the medical condition stated on the *Medical Documentation for Shared Leave* form.

_____ _____
(Employee signature) (Date)

Current Leave Balances WAC 392-136A-040 – Allows an employee to request shared leave for eligibility reasons (a), (g) and (h) while maintaining up to 40 hours of sick leave and 40 hours of annual vacation leave only.