



Leave Sharing Request

Mail completed form to:
Seattle Public Schools
MS 33-380
PO Box 34165
Seattle, WA 98124-1165
Fax to: 206-252-0021

Email to: HRLeaves@seattleschools.org

Part I - to be completed by Employee

To determine eligibility, the noted attachments must be included with this request.

Note: Under state law shared leave is for use by an employee who is suffering from, or has a relative or household member suffering from, an extraordinary or severe illness, injury, impairment or physical or mental condition; or the employee is a victim of domestic violence, sexual assault, or stalking; the employee has been called to volunteer or uniform service; pregnancy disability or parental leave. Verification of a qualifying medical condition must be provided by a physician and included with the leave sharing application. If the leave reason is non-medical, proof of the qualifying situation must be provided.

Employee Name: _____ Employee ID #: _____

Job Title: _____ School/Program: _____

Reason for request (check one):

Employee Health condition – attach Leave Sharing Request Part II

Domestic Violence, sexual assault, or stalking – attach Police report or court order

Uniform Service – attach a copy of Orders to Report

Volunteer Service– attach a copy of Service Orders

Pregnancy Disability – attach Leave Sharing Request Part II

Parental Leave – attach a copy of birth record, adoption or foster placement orders

Family Health condition – attach Leave Sharing Request Part II

Please indicate name of the affected person and relationship to employee:

I am requesting authorization to receive shared leave donations under the provisions of RCW 28A.400.380, RCW 41.04.665, WAC Chapter 392-126, and Board Policy 5400. I have read the shared leave requirements and understand that these criteria will be used to determine my eligibility. I understand that I will not receive shared leave donations until I have depleted all but 40 hours of my annual leave and 40 hours of my sick leave reserves. My signature below attests to the accuracy of this application and to my belief that a qualifying condition exists.

Employee Signature: _____

Date: _____

For Office Use Only:

Request Granted _____ Request Denied _____

Reviewer Signature _____