



APPLICATION FOR SHARED LEAVE

Please Print

EMPLOYEE NAME: _____ SID: _____
Last First M.I.

Under the provision of RCW 41.04, I wish to become an eligible recipient of shared leave hours. I have read and understand the criteria listed below, which will be used in determining my eligibility to participate in this program.

(Signature)

(Date)

RECIPIENT ELIGIBILITY REQUIREMENTS

The purpose of the state's Shared Leave Program is to enable state employees to donate vacation leave or sick leave to a fellow permanent employee who is on Military Leave or is suffering from or has a relative or household member suffering from an extraordinary 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.

The following explanations are to be used to assist you in determining if you are eligible to participate as a recipient in the leave sharing program.

IF YOU...

- Accrue and are eligible to use sick leave.
- Are not eligible for time loss compensation under Chapter 51.32 RCW.
- Have abided by the college's policies regarding use of sick leave.
- Have exhausted or will exhaust all applicable vacation and sick leave.
- Your condition has caused, or is likely to cause you to go on leave without pay or terminate from the college.

The college shall determine the amount of shared leave a leave recipient may receive and may only authorize an employee to use up to a maximum of 522 days of shared leave during total state employment.

Any leave not used in connection with the specified and approved illness or injury will be returned to the donor.

If you wish to proceed, please complete the **Request for Shared Leave** form.

Please file the completed document with the Human Resources office. *Appropriate documentation of the need for shared leave such as a physician's statement must be included verifying the severe or extraordinary nature and expected duration of the condition.*

FOR OFFICE USE ONLY

Request Granted: _____ Request Denied: _____

Reason For Denial: _____

Approval Signature: _____
(Executive Director of Human Resources) Date