



EVERETT PUBLIC SCHOOLS SHARED LEAVE PROGRAM

Application to Receive Shared Leave

Submit to Human Resources

I, _____, am making application to receive _____
Print Name and Employee ID Number

days of shared leave under Everett Public Schools' shared leave program for the _____ work year.

I understand that in order to participate in the shared leave program:

1. I must be on an approved leave of absence by Human Resources, and
2. I am (or have a relative or household member) suffering from an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature, that prevents me from working, I have been called to service in the uniformed services, I am a current member of the uniformed services or veteran and need to attend medical appointments for a service connected injury or disability, I am a victim of domestic violence, sexual assault, or stalking, I am sick or temporarily disabled because of pregnancy disability OR I need the time for parental leave; and
3. I have abided by the district's sick leave or military leave policies and have depleted or will shortly deplete my annual leave (vacation) and/or sick leave reserves (except that an employee seeking shared leave for parental leave or due to a pregnancy disability is not required to deplete all of his or her annual leave and sick leave and can maintain up to forty hours of annual leave and forty hours of sick leave in reserve); and
4. I have not received more than 522 days of shared leave during my total employment by the state of Washington or any state agencies, including employment by other school districts within the state; and
5. My condition will soon cause me to go on leave without pay or to terminate district employment; and
6. I have provided the shared leave medical documentation form signed by a licensed physician or authorized health care practitioner verifying the extraordinary or severe health condition that prevents me (or a relative or household member) from working and expected duration of the condition, or a pregnancy-related medical condition or miscarriage. This documentation is not required for parental, domestic violence or uniformed service leave.

I also understand that all donations must be given voluntarily and that I will not coerce, threaten, intimidate, or financially induce my co-workers into donating sick or annual leave.

Relative or household member, if applicable: _____

Employee signature: _____ Date: _____

FOR HR USE ONLY

- Employee is in a position which uses sick leave or annual leave
- Employee has abided by district policies and procedures regarding sick leave use
- Employee is not eligible for time loss compensation under RCW 51.32
- Employee's leave has been approved by Human Resources
- Other forms of paid leave have been, or soon will be, exhausted and the employee has or will soon go on leave without pay or must terminate employment
- Condition meets the criteria defined in number 2 above
- Medical documentation has been received, if required

☐ Approved ☐ Denied Reason: _____

Signature: _____ Date: _____
Copy to Payroll