

**South Kitsap School District****Human Resources**

2689 Hoover Ave SE
Port Orchard, WA 98366
(360) 874-7074 / (360) 874-7076 FAX

**CERTIFICATED
CLASSIFIED
ADMIN (Cert/Class)**

SHARED LEAVE REQUEST FORM**Directions:**

Please complete this form and submit it to **HUMAN RESOURCES**. Documentation from a health care provider must be included with your application or already on file with the HR department (Form 59B). **Per RCW 41.04.665, Section F, If you have been injured on the job you are only eligible to apply for shared leave if you have diligently pursued and been found to be ineligible for industrial benefits through L&I.**

Employee's Name**Location**

The provisions of Board Policy 5406 and Procedures 5406P describe the leave sharing program and its requirements. To be approved for shared leave, the employee must have depleted, or will shortly deplete, all available forms of paid leave. An exception to this requirement, is if an employee who is sick or temporarily disabled because of pregnancy or using parental leave does not have to deplete all forms of paid leave; they may maintain up to 40 hours of vacation and/or 40 hours of sick leave in reserve. In addition, the physical or mental condition for which shared leave is being requested must meet the standards of severe or extraordinary as defined in Procedure 5406P.

I am requesting shared leave for:

MYSELF

RELATIVE

(Name and Relationship)

HOUSEHOLD MEMBER

(Name and Relationship)

My absence begins on:

I have read and understand the criteria in the District's policy and procedures on leave sharing which will be used in determining my eligibility to participate in this program. I have either attached documentation from a licensed physician or health practitioner or documentation is already on file attesting to the severe or extraordinary nature and expected duration of my condition, or the condition of my relative or household member as defined in the District's procedures.

I hereby authorize Human Resources to publish my request for shared leave through regular staff correspondence.

Employee Signature_____
Date**HR USE ONLY****REQUEST GRANTED****REQUEST DENIED***Reason for Denial:*

HR Authorization _____

Date _____