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it must be opened in Adobe Reader!

# Shared Leave Request

Receiving Employee: Please complete this form and contact the Human Resources Department with the required medical certificate to request donation of leave from other Arlington Public Schools employees.

**ELIGIBILITY:** An employee may be eligible to receive shared leave under the following conditions:

- The employee suffers from, or has a relative or household member suffering from an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature.
- The employee's job is one in which vacation/personal or sick leave can be used and accrued.
- The employee is not eligible for time-loss under RCW 51.32 (Workers' Compensation).
- The employee has exhausted, or will exhaust, all of his or her accrued leave.
- The employee is sick or temporarily disabled because of pregnancy disability or for the purpose of parental leave to bond with newborn, adoptive or foster child. In this case, an employee may maintain up to 40 hours of sick leave and 40 hours of vacation/personal leave.
- The condition has caused, or is likely to cause, the employee to go on leave without pay or terminate district employment.
- The maximum amount of shared leave during an employee's District employment is 522 days.
- The employee is a victim of domestic violence, sexual harassment or stalking.
- The employee has been called to service in the uniformed services.
- The employee is volunteering their services to a government agency or nonprofit involved in humanitarian relief as a result of a "state of emergency".

**DOCUMENTATION:** The employee requesting shared leave compensation must:

- Submit documentation, to the Human Resources Department, from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.
- The Superintendent or designee will review and approve/deny the request for shared leave based upon the written request and supporting documents of the condition of the employee, relative, or household member.

Receiving Employee's Name	<input type="text"/>		
School/Department	<input type="text"/>		
If applicable, name of person you provide care to and relationship to you:	<input type="text"/>		
If this request is for pregnancy/parental leave, do you wish to maintain 40 hours of sick leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I certify that I meet the eligibility requirements above and under the District's policy and procedure for the shared leave program. I agree that any shared leave overpayment will be returned to the District.			
I understand that if shared leave is not donated to me, I will be in a leave without pay status.			
I understand any shared leave donated and not used by me will be returned to the donating employee.			
I authorize the release of the following to the District for the purpose of soliciting leave donations:			
My name:	<input type="text"/>		
Reason for requesting shared leave:	<input type="text"/>		
Signature _____	Date <input type="text"/>	Phone <input type="text"/>	
<b>Executive Director of Human Resources' Signature</b> _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	