

# Tumwater School District No. 33

## Request for Shared Leave

The State's shared leave program allows District employees to come to the aid of another District employee who is likely to take leave without pay or terminate his or her employment for any reasons referenced below as outlined in District Procedures 5406P.

Name: \_\_\_\_\_ Work Site: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**Required Attachment:**

- **Illness or injury of employee or their household/family member\***: Licensed physician's (or health care practitioner's) statement verifying the severity or extraordinary nature of the condition and the expected duration of the condition.
- **Military leave**: Military orders verifying the employee's required absence.
- **Domestic violence**: Refer to WAC 357-31-405 for a list of acceptable documents
- **Disaster relief**: Proof of acceptance of the employee's services by the government agency or nonprofit organization.
- **Parental leave**: Copy of child's birth certificate or court documents
- **Pregnancy disability\***: Statement from a licensed physician (or health care practitioner) verifying the pregnancy disability of the employee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*I understand that I am voluntarily releasing confidential medical information protected by HIPAA for use by the Shared Leave Committee.

If my request is approved, I also give Tumwater School District permission to request shared leave donations on my behalf from other Tumwater School District employees.

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**Shared Leave Committee Use Only**

Request Approved

Request Denied, because: \_\_\_\_\_

\_\_\_\_\_  
Shared Leave Committee Chairperson Signature

\_\_\_\_\_  
Date