



Leave Sharing Request

Mail completed forms to:
Seattle Public Schools
MS 33-380
PO Box 34165
Seattle, WA 98124-1165
OR Fax to: (206)252-0021

Part II - to be completed by Physician
Both Parts I and II must be submitted
in order to determine eligibility

Note: Under state law shared leave is for use by an employee who is suffering from, or has a relative or household member suffering from, an extraordinary or severe illness, injury, impairment or physical or mental condition. Verification of a qualifying medical condition must be provided by a physician and included with the leave sharing application.

Name of Patient: _____

Date patient was treated: _____

Does the patient have an illness, injury, impairment, or physical or mental condition which is serious or extreme and/or life-threatening?

Yes No

If answer is yes, explain in detail the relevant medical facts, related to the condition for which the patient needs care:

Probable duration of condition: _____

If the condition is suffered by a relative or household member, please state the reason(s) for requesting use of leave sharing and the total length of time expected for which the employee will be unavailable for work:

Is the employee unable to perform any of his/her job functions due to the condition? Yes No

According to WAC 392-126-065, the employee or his/her legal representative must submit, prior to approval or disapproval, documentation from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the conditions. WAC 392-126-065 defines “extraordinary or severe” to mean serious or extreme and/or life threatening. My signature below attests to this statement.

Physician's Name: _____ Phone: _____

Address: _____ Fax#: _____

Physician's Signature: _____ Date: _____