



Leave Sharing Request

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

Part I - to be completed by Employee
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.

Employee Name: _____ Employee ID #: _____

Job Title: _____ School/Program: _____

Person Suffering from extraordinary or severe condition (check one):

Self Relative Household Member

If relative or household member, please indicate name of person and relationship to employee:

Please state the reason(s) for requesting use of leave sharing and the anticipated length of time you will be unavailable for work:

I am requesting authorization to receive sick leave benefits under the provisions of RCW 28A.400.380, RCW 41.04.665, WAC Chapter 392-126, and Board Policy 5400. I have read the shared leave requirements and understand that these criteria will be used to determine my eligibility. I understand that I will not receive shared leave benefits until I have depleted all of my annual/sick leave reserves in accordance with District rules regarding sick leave usage. My signature below attests to the accuracy of this application to my belief that a qualifying condition exists.

Employee Signature: _____ Date: _____

For Office Use Only:

Request Granted _____ Request Denied _____

Reason for Denial _____

Approval Signature _____