

Port Townsend School District #50
1610 Blaine St
Port Townsend WA 98368
Human Resources Office: (360) 680-5755

Shared Leave Request Form

TO: HUMAN RESOURCES OFFICE

FROM: NAME _____

LOCATION _____

RE: APPLICATION FOR SHARED LEAVE

Under the provision of Board Policy No. 5406, I wish to become an eligible recipient of shared leave. I certify that the shared leave I am requesting is for (please mark appropriate box):

- Myself, because of extraordinary and severe health issue, specifically _____
 - I am the victim of domestic violence, sexual assault or stalking
 - Pregnancy disability Parental Leave – Date of birth or placement of child _____
 - The care of a relative suffering specifically from the health condition of _____
- _____
- I have been called to serve in the uniformed services. My report date is _____

“Relative” in this case means recipient’s spouse, child, stepchild, grandchild, grandparent, parent, sibling or other close relative by blood or marriage. (WAC 392-126-055)

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, and I have attached documentation from a licensed physician or health practitioner 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 the Human Resources Director to publish my request for shared leave through regular staff correspondence.

(Employee's Signature) (Date)

For Office Use Only:	
<input type="checkbox"/> Request Granted	
<input type="checkbox"/> Request Denied	
Reason for Denial:	_____

(Human Resources Office)	(Date)