**Shared Leave Request**

Reference WAC 357-31 Leave

|  |
| --- |
| **Recipient’s Information** |
| Name (first, middle, last)Enter text. | Personnel NumberEnter text. |
| Agency Enter text. | Division/UnitEnter text. |
| Org CodeEnter text. | Attendance UnitEnter text. |
| Anniversary DateEnter date. | Work ScheduleEnter text. |
| Attendance Keeper’s NameEnter text. | Phone/Mail StopEnter text. |
| HR/Personnel Representative’s NameEnter text. | Phone/Mail StopEnter text. |
| **Leave Information** |
| Date of Leave BalanceEnter date. | Vacation Leave BalanceEnter text. |
| Sick Leave BalanceEnter text. | Personal Holiday Leave BalanceEnter text. |
| Is this request related to a job injury? Yes [ ]  No [ ]  | Is this request for Military Leave? Yes [ ]  No [ ]  |
| The employer may require the employee to submit:* A medical certificate from a licensed physician or health care practitioner verifying the severe or extraordinary nature and expected duration of the condition before the employer approves or disapproves the request.
* A copy of the military orders verifying the employee’s required absence before the employer approves or disapproves the request.
* Proof of acceptance of an employee’s offer to volunteer for either a governmental agency or a nonprofit organization during a declared state of emergency.
* Documentation that the employee is a victim of domestic violence, sexual assault, or stalking from any of the following persons from whom the employee or employee’s family member sought assistance in addressing. An advocate for victims; an attorney; a member of the clergy; or a medical or other professional.
 |
| Briefly describe the condition/situation that causes your need for shared leave.Enter text. |
| Identify specific days and hours for donated leave usage (if known).Enter text. |
| DateEnter date. | SignatureEnter text. |
| **Agency Director or Designated Approving Authority** |
| Approved [ ] Denied [ ]  | If denied, explain.Enter text. |
| DateEnter date. | Name and Title: Enter text.Signature: Enter text. |

Original – Central Payroll

Copies – Recipient, Supervisor, and Appointing Authority