**Shared Leave Request**

Reference WAC 357-31 Leave

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| **Recipient’s Information** | | |
| Name (first, middle, last)  Enter text. | | Personnel Number  Enter text. |
| Agency  Enter text. | | Division/Unit  Enter text. |
| Org Code  Enter text. | | Attendance Unit  Enter text. |
| Anniversary Date  Enter date. | | Work Schedule  Enter text. |
| Attendance Keeper’s Name  Enter text. | | Phone/Mail Stop  Enter text. |
| HR/Personnel Representative’s Name  Enter text. | | Phone/Mail Stop  Enter text. |
| **Leave Information** | | |
| Date of Leave Balance  Enter date. | | Vacation Leave Balance  Enter text. |
| Sick Leave Balance  Enter text. | | Personal Holiday Leave Balance  Enter 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. | | |
| Date  Enter date. | Signature  Enter text. | |
| **Agency Director or Designated Approving Authority** | | |
| Approved  Denied | If denied, explain.  Enter text. | |
| Date  Enter date. | Name and Title: Enter text.  Signature: Enter text. | |

Original – Central Payroll

Copies – Recipient, Supervisor, and Appointing Authority