

Shared Leave Request

Reference [WAC 357-31](#) Leave

Recipient's Information

Name (first, middle, last):

Personnel Number:

Agency:

Division/Unit:

Org. Code:

Attendance Unit:

Anniversary Date:

Work Schedule:

Attendance Keeper's Name:

Phone/Mail Stop:

HR/Personnel Representative's Name:

Phone/Mail Stop:

Leave Information

Date of Leave Balance:

Vacation Leave Balance:

Sick Leave Balance:

Personal Holiday Leave Balance:

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.

Identify specific days and hours for donated leave usage (if known).

Signature:

Date:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Agency Director or Designated Approving Authority

Approved

Denied

If denied, explain:

Name and Title:

Signature:

Date:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Original – Central Payroll

Copies – Recipient, Supervisor, and Appointing Authority