

APPLICATION TO RECEIVE SHARED LEAVE

Central Valley School District employees are eligible to receive shared leave if they are suffering from or have a relative or household member suffering from a serious or extreme and/or life threatening illness, injury, impairment, or physical or mental condition which has caused, or is likely to cause, the employee to go on leave without pay status or terminate employment. Employees may access shared leave under the following conditions:

- ✓ The employee's job is one in which annual and/or sick leave can be used and accrued.
 - ✓ The employee is not eligible for time loss compensation RCW Chapter 51.32.
 - ✓ The employee has exhausted, or will exhaust his/her annual leave and/or sick leave and has abided by District policies regarding the use of sick leave.
 - ✓ The condition has caused, or is likely to cause, the employee to go on leave without pay or terminate district employment.
 - ✓ All forms of paid leave available for use by the employee must be used prior to using shared leave.
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Name of person requesting shared leave: _____

Please describe reasons for absence and anticipated date of return to work:

Projected date when available leave will be exhausted: _____

I understand that prior to approval of this request, the District must receive documentation from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.

I further understand that, if approved, the request for leave donations must be distributed by the Human Resources department only and cannot be made to individual employees by me, as the applicant.

If approved, I wish the request to be distributed as follows:

My building/department only Districtwide

IN THIS PROCESS,
PRIVACY CANNOT
BE GUARANTEED

To the buildings/departments listed here _____

(Signature)

(Date)

(For Office Use Only)

Action: _____

Days received: _____ Employee #: _____

(Signature)

(Date)

PHYSICIAN/HEALTH CARE PRACTITIONER VERIFICATION FORM
(Shared Leave)

Central Valley School District has a leave sharing program designed to extend leave benefits, in a manner consistent with state law, to employees who otherwise would be required to take leave without pay or terminate their employment with the district because the staff member, relative or household member is suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition.

The language from the Washington Administrative Code which governs the leave sharing program includes the following key excerpts:

WAC 392-126-095 The district shall require the employee or his or her legal representative, to submit, prior to approval or disapproval, documentation from a licensed physician or other health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.

WAC 392-126-065 As used in this chapter, "extraordinary or severe" means "serious or extreme and/or life threatening."

EMPLOYEE'S NAME _____ SCHOOL _____
(Print Name)

Patient's Name (if other than employee) _____

Home care or supervision is necessary ___ Yes ___ No

1. Does the individual named above suffer from an extraordinary or severe (as defined above) condition?

2. If the answer to #1 above is yes, please explain the nature and severity of this condition.

3. The expected duration of the condition. _____

Date of Signature

Physician's/Health Care Practitioner's Signature

Name: _____
(Print or Type)

.....
I hereby authorize the above physician/health care practitioner to provide Central Valley School District with the above required information, including any documentation or records necessary to substantiate the same.

Date of Signature

Employee's Signature

Name: _____
(Print or Type)

Please complete the following form and return to Central Valley School District, Personnel Office, 19307 East Cataldo, Greenacres, WA 99016.