Shared Leave Application

Submit your completed Shared Leave Application to Human Resources. Please submit the appropriate supporting documentation along with this form.

### Section I: For Completion by the EMPLOYEE

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>W#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member Name (if caring for family member):</td>
<td>Relationship of Family Member:</td>
</tr>
<tr>
<td>Have you ever received shared leave before? (WWU and any other state agency)</td>
<td>If yes, when and where?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Type of leave requesting:</td>
<td>Dates requesting Shared Leave:</td>
</tr>
<tr>
<td>❑ Full-time</td>
<td>❑ Reduced Schedule</td>
</tr>
</tbody>
</table>

### Check the reason you are requesting shared leave:

- ❑ I have an “extraordinary or severe” illness, injury, impairment, or physical or mental condition.
  - Medical certification from health care provider verifying the severe or extraordinary nature and expected duration of the condition for yourself or family member.
- ❑ I have to provide care for a close family or household member who has an “extraordinary or severe” illness, injury, impairment, or physical or mental condition.
  - An "extraordinary or severe condition" is defined as serious or extreme and/or life threatening, as verified by a licensed physician or health care practitioner.
- ❑ I am a victim of domestic violence, sexual assault, or stalking.
  - Police report, court order, or a statement from your attorney, clergy, medical professional, or advocate.
- ❑ I have been called to military service.
  - Copy of military orders.
- ❑ I have been accepted as a volunteer for services needed during a declared state of emergency within the U.S.
  - Proof of acceptance of your offer to volunteer for either a governmental agency or a nonprofit organization during a declared state of emergency.
- ❑ Pregnancy disability or parental leave

### Document to submit along with this form:

- ❑ Departmental Email
- ❑ Western Today
- ❑ Union (Available to members only)

I give permission to use my name (if no, “Anonymous” will be used): ❑ Yes ❑ No

I understand that I must provide additional documentation to certify my need for Shared Leave. Depending on the reason for the request, I understand that I must deplete or will deplete available accrued personal holiday, vacation, and/or sick leave before using Shared Leave. HR can request updated documentation to verify continuing need for shared leave. I will notify my supervisor and HR if there are any changes to my request for Shared Leave and unused donations will be returned to the donors.

Employee Signature 

Date

### Section II: For Completion by HUMAN RESOURCES

| Meets eligibility requirements: | HR Approver Signature |
| ❑ Yes ❑ No |
| If no, reason not eligible: | Date |