



Family Medical Leave and Disability Services
 516 High Street, MS 9054
 Bellingham, WA 98225-5996
 Phone: (360) 650-3771
 Confidential Fax: (360) 788-0071

Shared Leave Application (COVID Related Reasons)

Submit your completed Shared Leave Application to Human Resources.

Employee Information:	
Employee Name:	W#
Family Member Name (if caring for family member):	Relationship of Family Member:
Have you ever received shared leave before? (WWU and any other state agency) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?
Type of leave requesting: <input type="checkbox"/> Full-time <input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave	Dates requesting Shared Leave:

I am requesting shared leave because:
<input type="checkbox"/> I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 <input type="checkbox"/> I have been advised by a health care provider to self-quarantine related to COVID-19 <input type="checkbox"/> I am experiencing COVID-19 symptoms and am seeking a medical diagnosis <input type="checkbox"/> I am caring for an individual subject to a Federal, State, or local quarantine or isolation order related to COVID-19, or Self-quarantine as advised by a health care provider. <input type="checkbox"/> I am caring for my child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19. <input type="checkbox"/> I am a high risk employee (over 65 or at higher risk of severe illness from COVID-19).

I give permission to communicate my request for donations through:	<input type="checkbox"/> Departmental Email <input type="checkbox"/> Western Today <input type="checkbox"/> Union (Available to members only)
I give permission to use my name (if no, "Anonymous" will be used): <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that I may need to provide additional information to verify my need for Shared Leave. I understand that I must deplete or will shortly deplete available accrued compensatory time, personal holiday, vacation, and sick leave reserves 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