



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

COVID-19 Leave Donation Application

Submit your completed Application to Human Resources.

Employee Information:	
Employee Name:	W#
Family Member Name (if caring for family member):	Relationship of Family Member:
Type of leave requesting: <input type="checkbox"/> Full-time <input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave	Dates requesting leave:

I am requesting donated leave from the COVID-19 Leave Donation Pool:
<input type="checkbox"/> For my own COVID-19 related illness. <input type="checkbox"/> I am experiencing COVID-19 symptoms <input type="checkbox"/> To recover from adverse side effects of COVID-19 vaccination, including booster shots. <input type="checkbox"/> For COVID-19 related isolation or quarantine period. <input type="checkbox"/> To care for a family member experiencing any of the above. <input type="checkbox"/> To accompany a family member to obtain a vaccination. <input type="checkbox"/> To provide COVID-19 related child or elder care.

I understand that COVID-19 Leave Donation Program will only be available until the State of Emergency, declared as a result of the COVID-19 outbreak in Governor Inslee's Proclamation 20-05, has ended. I understand that I must follow the general leave guidelines under the applicable collective bargaining agreement or handbook, however I can retain up to 80 hours of sick leave and 80 hours of vacation leave in reserve and be eligible for leave under this program. I will notify my supervisor and HR if there are any changes to my request for Donated Leave and unused donations will be returned to the donors.	
Employee Signature	Date