



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.

Section I: For Completion by Employee	
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.

<p>I understand that COVID 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. 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 Donated Leave and unused donations will be returned to the pool.</p>	
Employee Signature	Date

Section II: For Completion by Human Resources			
Monthly Salary	Hourly rate (salary/174)	Hours needed	Value of donation needed