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

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	
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) ❑ Yes ❑ No	If yes, when and where?
Type of leave requesting: ❑ Full-time ❑ Reduced Schedule ❑ Intermittent Leave	Dates requesting Shared Leave:

Check the reason you are requesting shared leave:	**Document to submit along with this form:**
❑ 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. *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 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.	
❑ 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	

I give permission to communicate my request for donations through:	❑ 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: ❑ Yes ❑ No If no, reason not eligible:	HR Approver Signature Date