



KELSO SCHOOL DISTRICT

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Shared Leave

Personal, Family or Household Member's Health Condition – Recipient Request Form

Instructions: Use this form to request to receive donated shared leave for one of the reasons specified below.

Distribution: Forward the completed form to Human Resources.

See <https://www.kelso.wednet.edu/page/shared-leave-program> for information and definitions relating to shared leave.

Part 1 – Recipient's Information: To be completed by Requestor

Check the reason you are requesting shared leave, and provide any additional information requested:

1. ☐ I have a "severe or extraordinary illness" or injury*. If information about your condition is not currently on file with Human Resources, you will be asked to have your health care provider complete and submit a certification form.
How long do you expect to be off work (if known): _____ Until: _____
Do you expect to use shared leave intermittently or on a reduced schedule? Yes ☐ No ☐
If you answered yes to the previous question, describe your anticipated work schedule and the length of time the schedule will need to be in place: _____
2. ☐ I have to provide care for a close family or household member who has a "severe or extraordinary illness" or injury*. If information about your family member's condition is not currently on file with Human Resources, you will be asked to have your health care provider complete and submit a certification form. Please identify and specify your relationship to the person for whom you are providing care:
Name of person you are caring for: _____
Relationship to the person you are caring for: ☐ Parent ☐ Child ☐ Spouse ☐ Domestic Partner
☐ Sibling ☐ Grandparent ☐ Household Member ☐ Parent-in-law ☐ Other – Please Specify: _____
3. ☐ I am temporarily disabled because of pregnancy disability** or have a newborn, adoptive, or foster child and need parental leave***. If information about your condition is not currently on file with Human Resources, you will be asked to have your health care provider complete and submit a certification form.
How long do you expect to be off work (if known): _____ Until: _____
Do you expect to use shared leave intermittently or on a reduced schedule? Yes ☐ No ☐
If you answered yes to the previous question, describe your anticipated work schedule and the length of time the schedule will need to be in place: _____

Please confirm the following by checking the box next to the statement. If the statement is not accurate for you, it means that you are not currently eligible to receive shared leave donations.

☐ As a result of the reason I have specified above, I will have to take leave without pay or terminate employment because I do not have sufficient paid leave to cover my absence from work.

Requestor Name (Last, First, MI): _____

Requestor Phone: _____

Employment Date: _____

School Location: _____

Position: _____

Requestor Signature: _____

Date: _____

Per WAC 357-31-435† I would like to retain the following number of hours from my own leave:

☐ Sick Leave: _____ Hours†

☐ Vacation Leave: _____ Hours†

* A "severe or extraordinary illness" or injury prevents the individual from working and causes great economic and emotional distress to the employee and his/her family.

** Pregnancy disability means a pregnancy-related medical condition or miscarriage.

*** Parental Leave means leave to bond and care for a newborn after birth or to bond or care for a child after placement for adoption or foster care.

† Maximum of forty (40) hours sick leave and forty (40) hours vacation leave may be maintained by the employee.

Part 2 – HR Office: To be completed by Human Resources		
The above employee is eligible to receive shared leave. The cash value of hours donated by other employees will be converted to shared leave hours to be credited to the employee requesting leave.		
Current Employee Balances: Sick Leave:	Vacation Leave:	Personal Day (classified):
The above employee is eligible to receive shared leave: <input type="checkbox"/> Yes <input type="checkbox"/> No		
HR Director Signature: _____ <div style="text-align: right;">Date: _____</div> Shared Leave Start Date: _____ HR: Upon completion return one copy to employee and make copies for employee file and shared leave file		

Employee: Forward the complete form to the HR Department Office.

HR Office
Kelso School District Office 601 Crawford Street Kelso, WA 98626 Phone: 360-501-1900 Fax: 360-501-1950