



KELSO SCHOOL DISTRICT

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Shared Leave Request -

Uniformed Services or Emergency Worker – Recipient Request Form

For Active Duty in a Uniformed Service of the USA or for serving as an emergency worker.

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:

☐ I have been called to duty in one of the uniformed services of the United States.

Date you are scheduled to report to active duty:

Length of active-duty period, if known: From: Until:

PROVIDE A COPY OF YOUR ORDERS – We must have a copy of your orders to approve your request.

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 my call to active duty in a uniformed service of the United States, 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.

-OR-

☐ I am serving as an approved emergency worker.

Specify the location (city and state) where you will serve as an emergency worker: City: State:

Check the following that apply:

☐ The federal government has declared a state of emergency

☐ The state has declared a state of emergency

☐ I can provide written verification that a governmental agency or nonprofit organization has accepted my offer to volunteer my services

We must receive written verification that a governmental agency or nonprofit organization has accepted your services to approve your request.

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.

Requester Name (Last, First, MI):

Requestor Phone:

School/District Location:

Position:

Requestor Signature

Date:

Part 2 – Human Resources Office: To be completed by Human Resources Office			
Current Employee Balances:	Sick Leave:	Vacation Leave:	Personal Days:
The above employee is eligible to receive shared leave: Yes <input type="checkbox"/> No <input type="checkbox"/>			
The cash value of hours donated by other employees will be converted to shared leave hours.			
HR Director Signature			Date:
Shared Leave Start Date:		Shared Leave End Date:	
HR Office: Upon completion, return one copy to Department and Make copies for employee file and Shared Leave File			

Employee: Submit completed form to Human Resources