Day	ton School District
Req	uest for Use of Shared Leave

Print name	Date
trict Employee is eligible to receive donated le	eave if:
maternity {WAC 392-126-065} but complic physician will be considered extraordinary of	ve or household member suffering from, an treme and/or life threatening, it does not include ations due to maternity as attested to by a licensed or severe), injury, impairment, or physical or mental in the uniform services which has caused or likely
a) go on leave-without pay status; orb) terminate his or her employment;	
2. The employee's absence and the use of sh	ared leave are justified by documentation;
3. The employee has depleted, or will shortly reserves;	y deplete, his/her annual leave and sick leave
4. The employee has abided by District rules	s regarding sick leave use; and
5. If the injury or illness is work related, the be ineligible to receive industrial insurance.	employee has diligently pursued and been found to be benefits.
	ry nature of the condition of the employee, relative provided information regarding the length of my
Employee Signature	Date submitted

Policy/Procedure 5406- Form 1