Department of Corrections
WASHINGTON STATE

SHARED LEAVE REQUEST

Employee name | Personnel ID number | Facility/office

Dates of requested leave: **Begin:** _____ **End:** _____

Estimate begin date when leave balances will be ZERO. Maximum 90 days for medical condition/event, 60 days for domestic violence.

Per WAC 357-31-390, I request approval to receive shared leave. To be eligible to receive shared leave the following conditions must all apply:

- I have abided by DOC 830.100 Leave and am eligible to accrue sick or vacation leave
- This condition/situation is likely to cause me, or has caused me, to take leave without pay or terminate my employment
- I have attached documentation verifying my condition/situation as required per DOC 830.030 Shared Leave
- I have diligently pursued and been found ineligible for workers' compensation benefits from the Washington State Department of Labor and Industries. If approved at a later time, all leave received may be returned to the donors.

If I am approved to receive shared leave, I approve the following e-mail message to be sent and/or posted on my behalf soliciting leave donations: **"(Name) of (Facility/Office) has been approved to receive shared leave. Employees interested in donating leave should submit DOC 03-115 Shared Leave Donation to their Payroll Office."** ☐ Approved ☐ Waived

Signature | Date

SUPERVISOR APPROVAL

☐ Recommend approval ☐ Recommend denial

Name | Signature | Date

HUMAN RESOURCES APPROVAL

Leave balance as of _____ Sick: _____ Vacation: _____

Sub-agency: _____

Shared leave use: ☐ Continuous ☐ Intermittent ☐ Parental leave ☐ Temporary pregnancy disability

Employee ☐ has ☐ has not complied with the requirements per WAC 357-31-390

☐ Recommend approval ☐ Recommend denial

Human Resource Manager/designee | Signature | Date

APPOINTING AUTHORITY APPROVAL

☐ Recommend approval ☐ Recommend denial

Name | Signature | Date

SUPERVISOR REPORT

Actual date employee returned to work: _____

Name | Signature | Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - **Medical/domestic violence:** Employee Occupational Health Record, verifying documents
Military/volunteer: Personnel File, verifying documents
COPY - Superintendent, Payroll Office