

**WASHINGTON STATE UNIVERSITY**  
**SHARED LEAVE**  
**EMPLOYEE REQUEST**  
**Qualifying medical condition**

Please return form to: WSU Human Resource Services (HRS)  
Office Location: 139 French Administration Building  
OR Mailing address: PO Box 641014  
Pullman, WA 99163-1014  
OR Fax: 509-335-1259  
Questions? Call HRS at: 509-335-4521

Use this form to apply for Shared Leave due to a qualifying medical condition. Return this form to the Human Resource Services Pullman office along with the *Health Care Provider Statement for Shared Leave*. Please note, this program is not available to those who are off work due to work-related injury or illness.

**A EMPLOYEE INFORMATION (please print)**

Name of Employee (Last, First, MI)

WSU ID #

**Please check reason for requesting shared leave:** Reasons for requesting shared leave will also be processed accordingly for Family Medical Leave or other federal, state, or university leave provisions.

- Own extraordinary or severe health condition (not work related)
- Health condition of a relative
- Health condition of a household member

If the need for leave is for an individual's condition other than the employee, name of person with medical condition

Relationship to Employee

**Leave balances reported on last time/leave report**

Time/Leave Report Month (MM/YYYY)

Annual Leave Balance

Sick Leave Balance

Have you used your personal holiday for this year?  Yes  No

**B CERTIFICATION OF MEDICAL NECESSITY**

If request for Shared Leave is for medical reasons, in accordance with RCW§41.04.665– Washington State Leave Sharing Program, to be eligible for shared leave based on his/her condition or that of a relative or household member, a patient must be suffering from, an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature. As a result of the above reason, I will have to go on leave without pay status or terminate state employment. Additionally, the event must prevent me from working for at least **five** consecutive days.

*Examples of qualifying conditions may include: cancer and treatments, chemotherapy, radiation, organ transplant, major surgery requiring extended hospital stay, terminal illness/condition, fetal endangerment, or traumatic injury rendering an employee incapable of productive employment.*

*Examples of conditions that are not considered "an extraordinary or severe illness or injury" include: Normal and uncomplicated pregnancy/delivery, elective cosmetic surgery, sprained ankle, flu, and routine illness.*

I certify that I meet all of the requirements necessary for Shared Leave. I have attached the *Health Care Provider Statement for Shared Leave Requests* from a licensed Health Care Provider which describes the illness, injury, impairment, or physical or mental condition and how that condition meets the shared leave criteria.

**C ANNOUNCEMENT OF SHARED LEAVE**

If request is approved:  I consent  I DO NOT consent  
To the publication of my name in WSU Today and WSU Announcements noting my need for Shared Leave donations.

In addition to applying for Shared Leave, I understand that I also must and have applied for Family Medical Leave or Disability Leave, and/or Long Term Disability, if applicable.

**D EMPLOYEE SIGNATURE**

I understand it may be necessary for WSU representatives to share this information for purposes related to establishing eligibility for Shared Leave. I authorize WSU to share this information among appropriate staff and authorized representatives to the extent necessary to determine whether Shared Leave is necessary and to administer the Shared Leave process. I understand that information obtained under this release is a confidential medical record and is maintained separately from my personnel file.

**By signing below I acknowledge that I have read and agree to the above.**

Employee Signature

Date