

TACOMA PUBLIC SCHOOLS
REQUEST FOR SHARED LEAVE

TO: Human Resources

FROM: Name _____

Employee # _____ Date _____

Location _____ Position _____

RE: **REQUEST FOR SHARED LEAVE**

Under the provision of RCW 41.04, I wish to become an eligible recipient of shared leave hours.

I have read and understand the criteria on page 2 which will be used in determining my eligibility to participate in this program. Further, this application is accompanied by the "Leave Sharing Medical Documentation" form completed by a licensed physician or other authorized health care practitioner. This form verifies the severe or extraordinary nature and expected duration of the condition which necessitated this request.

Sick leave balance _____ Expected date of return _____
(as of above date) (If unable to estimate, check this box)

Signature _____ Date _____

— FOR OFFICE USE ONLY —

_____ Request granted _____ Request denied

Comments _____

Signature _____ Date _____
(Human Resources Administrator)

TACOMA PUBLIC SCHOOLS
SHARED LEAVE PROGRAM CRITERIA

RECIPIENT ELIGIBILITY

Any employee of the Tacoma Public Schools shall be eligible to receive shared leave under the following conditions:

1. The employee's job is one in which sick leave and/or vacation can be used and accrued.
2. The employee is not eligible for time loss compensation under Chapter 51.32 RCW (workers compensation).
3. The employee's use of sick leave has conformed with District policies.
4. The employee has exhausted, or will exhaust, his or her sick leave and/or vacation.
5. The employee's absence and use of shared leave are justified (see "Documentation" below).
6. To be considered eligible for leave sharing, a person's condition must be judged to be extraordinary or severe. WAC 392-126-065, which relates to "leave sharing" legislation, states that extraordinary or severe is defined as "serious or extreme and/or life threatening."
7. Eligible employees are responsible for securing leave donations on forms available for this purpose. Such donations will be credited only to the eligible employee's account and will revert to the donor(s) if not utilized by the intended recipient.

DONATION OF SICK LEAVE AND/OR VACATION

An employee may donate sick leave and/or vacation using the following criteria:

1. The employee must be in a job in which sick leave and/or vacation is accrued.
2. The employee must have accrued more than 22 days of sick leave or more than 80 hours of vacation.
3. Employees may not donate an amount of leave that will result in his or her sick leave account going below 22 days or vacation going below 80 hours.
4. All leave must be donated voluntarily. No employee shall be coerced, threatened, intimidated or financially induced into donating leave.

DOCUMENTATION (WAC 329-126-095)

The District shall require the employee or his or her legal representative to submit, prior to approval or disapproval, documentation* from a licensed physician or other authorized health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.

*See *Leave Sharing Medical Documentation* form.

CALCULATION OF SHARED LEAVE BENEFIT - PRORATION

The leave recipient shall be paid his or her regular rate of pay; therefore, one hour of shared leave may cover more or less than one hour of the recipient's salary. The dollar value of the leave shall be converted from the donor to the recipient. The leave received shall be coded as shared leave and shall be maintained separately from all other leave balances. In the event that there is unused shared leave, it shall be returned to leave donor(s) on a pro-rated basis.

TACOMA PUBLIC SCHOOLS
LEAVE SHARING MEDICAL DOCUMENTATION

RETURN TO: Tacoma Public Schools
Human Resources
P.O. Box 1357
Tacoma, WA 98401-1357

Tacoma Public Schools has a leave sharing program designed to extend leave benefits in a manner consistent with State law, to employees who otherwise would be required to take leave without pay or terminate their employment with the school district.

Language from the Washington Administrative Code which governs the leave sharing program includes the following key excerpts:

WAC 392-126-095 The school district shall require the employee or his or her legal representative to submit prior to approval or disapproval, documentation from a licensed physician or other health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.

WAC 392-126-065 As used in this chapter, “extraordinary or severe” is defined as “serious or extreme and/or life threatening.”

Please complete this form and return it to the office listed above within five (5) days.

My patient, _____ suffers from an extraordinary or severe condition that is serious or extreme and/or life threatening.

The expected duration of my patient’s condition is from _____ to _____
MM/DD/YY MM/DD/YY

My patient’s condition is extraordinary or severe or extreme and/or life threatening because:

(Please explain in detail) _____

Signature of licensed physician/health care practitioner

Date

Please legibly print name here

Telephone number