



MOUNT VERNON SCHOOL DISTRICT APPLICATION FOR SHARED LEAVE PROGRAM

The Mount Vernon School District participates in a shared leave program as allowed by RCW 28A.400.380 and authorized by Mount Vernon School Board Policy 5406 for certificated and classified employees. Under WA State law, shared leave is for an employee who is:

- suffering from, or has a relative or household member suffering from, an extraordinary or severe illness, injury, impairment or physical or mental condition;
- called to service in the uniformed services
- a current member of the uniformed services or is a veteran and is attending medical appointments or treatment for a service connected injury or disability
- a spouse of a current member of the uniformed services or a veteran as defined under RCW 41.04.005, who is attending medical appointments or treatments for a service connected injury or disability and requires assistance while attending appointment or treatment
- in possession of needed skills to assist in responding to a declared state or federal emergency or its aftermath anywhere within the US by the federal or state government and volunteers their services to either a governmental or non-profit organization engaged in humanitarian relief
- a victim of domestic violence, sexual assault or stalking;
- temporarily disabled because of pregnancy disability;
- taking parental leave to bond with their newborn, adoptive or foster child (must be used within the sixteen weeks immediately after birth or placement of child).

Leave sharing allows an employee to donate annual leave (vacation leave) or sick leave to another employee in the case where:

- the employee otherwise be required to take leave without pay or terminate employment;
- the employee's absence and the use of shared leave are justified;
- the employee has depleted or will shortly deplete his or her paid leave. Employees can retain up to 40 hours of sick leave and 40 hours of vacation leave (for 260-day employees) from their current balance.

In the event that the condition requiring the employee's absence continues beyond the current school year, the employee shall not receive a total of more than five hundred twenty-two (522) days of leave during their total district employment.

A MVSD employee wishing to apply for shared leave may submit this form to the administrator of the Personnel Department and attach medical documentation verifying the severe or extraordinary nature and expected duration of the condition, legal order/report or official military orders. The administrator shall review the shared leave applicant's form and based on the application shall notify the applicant, in writing, of approval or non-approval of the application.

If the shared leave is approved, the employee understands that this process does not guarantee they will receive any donations or sufficient donations to cover their leave. At the end of the leave, or when all donated leave is exhausted, the District will mail to the recipient a summary of the total hours/days of shared leave used during their leave. The employee also understands that the district will not disclose the name of the donors. Any unused shared leave shall be returned to the donor.



MVSD APPLICATION FOR SHARED LEAVE PROGRAM

EMPLOYEE NAME: _____ DATE: _____

MAILING ADDRESS _____ CITY/ZIP _____

POSITION: _____ SITE: _____

EXPECTED DURATION OF LEAVE (list dates) _____

I certify that the shared leave I am requesting is for (please mark appropriate box):

[] Myself, because of extraordinary and severe health issue, specifically _____

[] Myself, because I am a victim of domestic violence, sexual assault or stalking

[] Pregnancy Disability [] Parental Leave - Date of birth or placement of child _____

[] The care of _____, a relative suffering specifically from the health condition of _____

[] I have been called to serve in the uniformed services. My report date is _____

[] I have been called to serve in a state or federal declared state of emergency. My report date is _____

[] I am or a spouse of a veteran who is seeking medical care for a service connected injury or illness

“Extraordinary and severe” means SERIOUS or EXTREME and/or LIFE THREATENING. (Board Policy 5406)

I understand that my legal representative or I must 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 (Board Policy 5406) when the leave is health related.

[] Please find the required physician’s statement, legal order/report or official military orders attached.

Applicant’s/Legal Representative’s Name (please print)

Applicant’s /Legal Representative’s Signature Date

LEAVE BALANCE RESERVE
If approved for shared leave, I request to reserve from my current leave balance:
_____ hours sick leave (up to 40 hours)
_____ hours of vacation leave (up to 40 hours for 260-day employees)

Request for use of shared leave is hereby: [] APPROVED [] DISAPPROVED

Administrator/Personnel & Human Resources

Date

Notes: _____