

Note:

Under state law, shared leave is for use by 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; or the employee is a victim of domestic violence, sexual assault, or stalking; the employee has been called to volunteer or uniform service; pregnancy disability or parental leave. Verification of a qualifying medical condition must be provided by a physician and included with the leave sharing application. If the leave reason is non-medical, proof of the qualifying situation must be provided.

“Severe” or “extraordinary” condition is defined as serious, extreme or life threatening.

To be completed by employee	
Name:	
Reason for Shared Leave Request:	

To be completed by licensed physician or health care practitioner		
Date(s) patient was treated		
Description of condition		
Probable duration of condition or due date		
Clinic/Office Name	Address	Phone
Physician's Name	Physician's Signature	Date

Return Form to:

Arlington School District
315 N. French Ave.
Arlington, WA 98223
Fax: 360-618-6221
Email to: michelle.weils@asd16.org