

Request Shared Leave Military Department

Reference WAC 357-31 Leave or Applicable Collective Bargaining Agreement

Requestor's Information	
Name (Last, First, Middle Initial)	Personnel Number
Agency	Division/Unit
Home Address	Contact Phone Number
Anniversary Date (if known)	Work Schedule
Payroll Representative's Name	Work Location / Phone Number
HR/Personnel Representative's Name	Work Location / Phone Number
Leave Information Balances (completed by HR)	
Date of Leave Balance	Vacation Leave Balance
Sick Leave Balance	Personal Holiday Leave Balance
Is this request related to a job injury? Yes No	Is this request for Military Leave? Yes No
<p>The employer may require the employee to submit:</p> <ul style="list-style-type: none"> A medical certificate from a licensed physician or health care practitioner verifying the severe or extraordinary nature and expected duration of the condition before the employer approves or disapproves the request. A copy of the military orders verifying the employee's required absence before the employer approves or disapproves the request. Proof of acceptance of an employee's offer to volunteer for either a governmental agency or a nonprofit organization during a declared state of emergency. Documentation that the employee is a victim of domestic violence, sexual assault, or stalking from any of the following persons from whom the employee or employee's family member sought assistance in addressing. An advocate for victims; an attorney; a member of the clergy; or a medical or other professional. 	
Briefly describe the condition/situation that causes your need for shared leave.	
Identify specific days and hours for donated leave usage (if known).	
Date	Signature
Human Resource Division Director or Designee	
Approved Denied	If denied, explain.
Date	Name and Title: Signature:

File EOHR File [Date Received Time (if e-mail) Last Name First Initial Shared Leave Request Form]
Copies – Recipient, Supervisor, and Appointing Authority