



## Shared Leave Application

Submit your completed Shared Leave application to the Benefits Office.  
Please submit the appropriate supporting documentation along with this form.

<b>For Completion by the EMPLOYEE or Designee</b>	
Employee Name	EWU ID Number
Family Member Name (if caring for family member)	Relationship of Family Member
Home Address	Home Telephone
Dates Requesting Shared Leave	Type of leave requesting <input type="checkbox"/> Full-time <input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave
Check the reason you are requesting shared leave	Document to submit along with this form:
<input type="checkbox"/> I have an “extraordinary or severe” illness, injury, impairment or physical or mental condition.	Medical certification from health care provider verifying the severe or extraordinary nature and expected duration of the condition for yourself or family member.
<input type="checkbox"/> I have to provide care for a close family or household member who has an “extraordinary or severe” illness, injury, impairment or physical or mental condition.	<i>An “extraordinary or severe condition” is defined as serious or extreme and/or life threatening as verified by a licensed physician or health care practitioner.</i>
<input type="checkbox"/> Pregnancy Disability: Employee is sick or temporarily disabled because of pregnancy related medical condition	Medical certification from health care provider.
<input type="checkbox"/> Parental Leave: Bond and care for newborn child after birth or placement for adoption or foster care for a period of up to 16 weeks after birth or placement	Medical certification from health care provider or placement paperwork.
<input type="checkbox"/> I am a victim of domestic violence, sexual assault or stalking	Police report, court order or statement from your attorney, clergy, medical professional or advocate.
<input type="checkbox"/> I have been called to military service	Copy of military orders.
<input type="checkbox"/> I have been accepted as a volunteer for services needed during a declared state of emergency within the U.S.	Proof of acceptance of your offer to volunteer for either a governmental agency or a nonprofit during a declared state of emergency.
I give permission to communicate my request for donations through EWU email or other venues <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that I must provide additional documentation to certify my need for Shared Leave. Employees may maintain up to 40 hours combined of their accrued vacation and/or sick time in reserve and still utilize shared leave hours. Employees on L & I wage replacement compensation may not receive greater than 25% of their base salary from the receipt of shared leave. I will notify my supervisor and Benefits if there are any changes to my request for Shared Leave. Unused donations will be returned to the donor(s).	
<b>Employee Signature</b>	<b>Date</b>
For Completion by Benefits Office	
Meets eligibility requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason not eligible:
Leave Specialist Approval Signature	Date  <input type="checkbox"/> Payroll notified <input type="checkbox"/> Email sent

Revised 9/2024