

Edmonds Community College

Application for Shared Leave

(Not eligible for those who are off work due to work-related injury or illness)

Please check reason for requesting shared leave: Reasons for requesting shared leave will also be processed accordingly for Family Medical Leave or other federal, state or college leave provision.

- Own health condition (not work related)
- Pregnancy disability (prior to birth of child)
- Care for relative/household member

Employee or Employer Representative: Please complete	
Name of Employee:	Employee SID:
Name of person with medical condition:	Relationship to Employee:

If request for Shared Leave is for medical reasons, in order to qualify for Shared Leave an employee must be suffering from, or have a relative or household member suffering from an extraordinary or severe illness or injury. Extraordinary or severe illness or injury is defined as a serious or extreme and/or life-threatening injury or illness.

- I certify that I meet all of these requirements. I have attached the *Medical Leave Certification* form from a licensed health care provider which describes the illness, injury, impairment, or physical or mental condition.
- In addition to applying for shared leave, I understand that I also must have applied for:
 - FML or Medical Leave
 - Long Term Disability (LTD), if applicable

Announcement of Shared Leave (if request is approved)

I consent to the publication of my name in an EdCC Announcement notifying my need for shared leave donations.

- I do consent
- I do not consent

Employee Signature & Date: _____

To be completed by Human Resources	
Date - Initials	Shared Leave Application Review and Certification
	Certification of Leave Status via copy of time/leave report (attach to request). Employee's leave balance will expire on
	Optional Long Term Disability Waiting Period If approved, employee is granted Shared Leave through
	Employee's shared leave is approved.
	Employee's request of shared leave is denied for the following reasons: Not a shared leave qualifying event has enough Lv to satisfy LTD waiting period has filed a worker comp claim
	Shared leave request has been entered onto database. Spreadsheet sent to BUDGET for approval.

HR Representative Signature & Date: _____