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| **CENTRAL WASHINGTON UNIVERSITY**  **Shared Leave Request**  **CWUP 2-30-060 Civil Service Employee Leave/** **CWUR 3-40-040 Shared Leave Use** | | |
| **Employee - Please complete all fields in Section 1**  Reasons for requesting shared leave will also be processed accordingly for Family Medical Leave, state and university leave provisions. | | |
| **Section 1:** | | |
| Own health condition | Uniformed services | |
| Care for parent/spouse/child | Leave due to domestic violence, sexual assault, or stalking | |
| Care for newborn/placed child | State of emergency leave | |
| Pregnancy disability | Parental leave | |
| ***WAC 357-31-390 states to qualify for Shared Leave (1) The employee (a) Suffers from, or has a relative or household member suffering from, an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature; (b) The employee has been called to service in the uniformed services; (c) A state of emergency has been declared anywhere within the United States by the federal or any state government and the employee has the needed skills to assist in responding to the emergency or its aftermath and volunteers their services to either a governmental agency or to a nonprofit organization engaged in humanitarian relief in the devastated area, and the governmental agency or nonprofit organization accepts the employee’s offer of volunteer services; or (d) The employee is a victim of domestic violence, sexual assault, or stalking as defined in RCW 41.04.655.***  ***Effective July 1, 2018: For purposes of shared leave, pregnancy disability means a pregnancy-related medical condition or miscarriage. Parental leave means leave to bond and care for a newborn child after birth or for a child placed in the home for foster care or adoption for up to 16 weeks after birth, placement, or adoption. NOTE: Employees are not required to deplete accrued sick leave or vacation and may maintain up to 40 hours of sick leave and vacation while using shared leave for pregnancy disability or parental leave.*** | | |
| Name of employee: | | Employee ID number: |
| Name of person with medical condition: | | Relationship to employee: |

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| To establish eligibility for Shared Leave, employees must provide:  • Medical certification 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. **Please request that your medical provider complete and sign the Medical Certification section below.**  • 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 (advocate; attorney; clergy member; medical or other professional.) |

***In addition to applying for shared leave, I understand that I also may apply for Family Medical Leave (FMLA) and/or Optional Long Term Disability (LTD), if applicable.***

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| **Shared Leave Announcement (if shared leave is approved):** It is CWU’s practice to post a list of employees needing shared leave in *Central Today* to notify other employees of an individual’s need for leave. This is the only manner in which this information is communicated to the campus community. Please indicate your preference by checking the appropriate block:  I do or  I do not wish to have my name appear on the shared leave list. |
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| *Employee signature and date* |

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| **For HR Use Only** |
| Employee’s shared leave request is approved.  Yes  No |
| If disapproved, employee’s request is denied for the following reason(s):  Not a shared leave qualifying event  Has enough leave to satisfy LTD waiting period  Has filed a workers comp claim |
| *Reviewer signature and date* |

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| **Health Care Provider – Please complete Section 2 below**  **Return completed form to Human Resources**  **Fax: (509) 963-1733** |
| **Section 2:**  **As stated in WAC 357-31-395, a “severe” or “extraordinary” condition is defined as serious or extreme and/or life threatening. Examples of “extraordinary or severe and/or life threatening” may include but are not limited to: major surgery with inpatient hospital stay, outpatient surgery for a severe health condition, cancer treatment, hospitalization for a severe physical or mental condition, enrollment in an ongoing behavioral health treatment program (inpatient or day), or bed rest due to high-risk pregnancy-related complications.** |
| Does the above named patient’s condition meet this definition?  Yes  No  If “Yes,” please provide the patient’s diagnosis and, if not obvious, please state the reason(s) this is a qualifying medical condition. |
| **Diagnosis:** |
| **Reason(s) the patient’s medical condition is considered severe or extreme and/or life threatening.** Attach additional pages if needed. |
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| Printed Name of Health Care Provider | | | |  | Type of Practice | | |
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| Phone Number |  | Fax Number | | | |  | Email address |
|  | | | | | | | |
| Address | | | | | | | |
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|  | | |  | |  | | |
| Signature | | |  | | Date | | |

“The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information,’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”