

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:

Employee Name (please print)

Employee ID #

Name of Person With Medical Condition (if not Employee)

Relationship to Employee

Reason For Request

- | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Own health condition | <input type="checkbox"/> Uniformed services |
| <input type="checkbox"/> Care for parent/spouse/child | <input type="checkbox"/> Leave due to domestic violence, sexual assault, or stalking |
| <input type="checkbox"/> Care for newborn/placed child | <input type="checkbox"/> State of emergency leave |
| <input type="checkbox"/> Pregnancy disability | <input type="checkbox"/> Parental leave |

To be eligible for shared leave, you must meet the following criteria:

- You, a relative, or household member suffers from an illness, injury, impairment or physical or mental condition which is of an extraordinary or severe nature (medical certification required);
- You have been called to service in the uniformed services (copy of military orders required);
- A state of emergency has been declared anywhere within the United States by the federal or any state government and you have 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 (copy of acceptance letter required);
- You are a victim of domestic violence, sexual assault or stalking as defined in RCW [41.04.655](#) (documentation required per [WAC 357-31-405](#));
- You are a current member of the uniformed services or a veteran as defined under RCW [41.04.005](#), and is attending medical appointments or treatments for a service connected injury or disability (documentation required per [WAC 357-31-805](#));
- You are a spouse of a current member of the uniformed services or a veteran as defined under RCW [41.04.005](#), who is attending medical appointments or treatments for a service connected injury or disability and requires assistance while attending appointments or treatments (documentation required per [WAC 357-31-805](#));
- You need the time for parental leave as defined in WAC [357-31-395\(3\)](#) (verification of birth, adoption or placement required); or
- You are sick or temporarily disabled because of a pregnancy disability as defined in WAC [357-31-395\(4\)](#) (medical certification required).

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.

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.

Employee signature and date

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

