



## Leave Sharing Request

Mail completed forms to:

Seattle Public Schools

MS 33-380

PO Box 34165

Seattle, WA 98124-1165

Fax to: 206-252-0021

Email to: HRLeaves@seattleschools.org

### Part II - to be completed by Physician

*Note: Under state law shared leave is for use by an employee who is suffering from, or has a relative or household member suffering from, an extraordinary or severe illness, injury, impairment or physical or mental condition; or the employee is a victim of domestic violence, sexual assault, or stalking; the employee has been called to volunteer or uniform service; pregnancy disability or parental leave. Verification of a qualifying medical condition must be provided by a physician and included with the leave sharing application. If the leave reason is non-medical, proof of the qualifying situation must be provided.*

Name of Patient: \_\_\_\_\_

Date patient was treated: \_\_\_\_\_

Does the patient meet one of the criteria noted above as an authorized reason to receive shared leave donations?

Yes          No

Probable duration of condition: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax#: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_