

**Mukilteo School District No. 6**  
**MEA Request to Receive Shared Sick Leave**

Employee's Name: \_\_\_\_\_

Work Location: \_\_\_\_\_ Date Request Submitted: \_\_\_\_\_

Nature of the illness or other eligible condition as described in WAC 392-136A-020 that prevents the employee from performing their assigned duties with the District (this information will be kept confidential):

\_\_\_\_\_  
\_\_\_\_\_

Anticipated dates\* the above condition will prevent the employee from performing their assigned duties with the District:

From: \_\_\_\_\_ To: \_\_\_\_\_

*\* Anticipated dates are approximate. Eligibility end date will be determined by physician's release, or recipient no longer meeting shared leave eligibility requirements.*

**PLEASE CHECK ALL THAT APPLY:**

I wish to request shared leave from other employees of the MEA bargaining unit. I understand my name will be included in the shared leave request notice.

I wish to request shared leave from the leave bank. I understand my request will be anonymous.

I wish to request shared leave from only the specific individuals of the MEA bargaining unit named below:

\_\_\_\_\_  
\_\_\_\_\_

If requesting shared leave due to parental leave or disability due to pregnancy, please indicate the number of hours up to a maximum of 40 that you would like to leave in reserve: \_\_\_\_\_ hours.

A doctor's note is needed for medical and/or family medical leave. The note will describe the employee's illness or impairment including how it prevents the employee from performing their assigned duties with the District, and the anticipated length of time the employee will not be able to perform their duties.

For other leave situations, the District may seek appropriate documentation when applicable.

I have read the District's shared leave procedures and understand the procedures, requirements and limitations for receiving and using shared leave.

Employee Signature: \_\_\_\_\_

Superintendent/Designee Approval: \_\_\_\_\_ Date \_\_\_\_\_