

INSTRUCTIONS: Please type or print clearly and forward to:

Columbia Basin College Human Resources Office / A2

Receiving Employee To request donated leave from other state employee(s): 1) Complete the receiving employee's section of this form, and 2) Send the required medical certification to your Human Resources Office, MS-A2. To be eligible to receive shared leave you must meet the following criteria: 1) Be a permanent Columbia Basin College employee, or other state employee who accrues leave, and 2) You or your relative, or household member as defined by Chapter 357-31 WAC must have a severe or extraordinary illness or injury that has caused or is likely to cause you to take leave without pay or terminate employment, or 3) You must have been called in the uniformed services of the United States which is likely to cause you to take leave without pay or terminate employment. If necessary, you may designate a representative to make this request on your behalf. Receiving Employee Name (Last, First, MI) Employee SID Number **Employment Date Employing Department** If applicable, name of ill person you provide care to: Relationship to You I certify that I meet the above eligibility requirements and have provided either: A completed medical certificate (see below) or; documentation that I have been called to duty in one of the uniformed services of the United States. Employee Signature_ **Medical Certification** I certify that the above-named employee 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. "Severe" or "extraordinary" condition is defined as serious or extreme and/or life threatening. Please provide the employee's required absence (type of absence: intermittent, long-term, etc.), description of the medical problem, and the expected date of return to work status. Signature of Health Care Provider Date **Human Resources Office** The above employee is is not eligible to receive shared leave. HR Office Approval/ Denial Shared Leave Begins Date Month Date Year Signature Date Notes: