

WASHINGTON STATE UNIVERSITY

SHARED LEAVE

EMPLOYEE REQUEST

Victims of domestic violence, sexual assault, or stalking

Please return form to: WSU Human Resource Services (HRS)
Office Location: 139 French Administration Building
OR Mailing address: PO Box 641014
Pullman, WA 99163-1014
OR Fax: 509-335-1259
Questions? Call HRS at: 509-335-4521

Use this form to apply for Shared Leave due to being a victim of domestic violence, sexual assault, or stalking. Return this form to the Human Resource Services Pullman office along with the supporting documentation as described below.

A EMPLOYEE INFORMATION (please print)

Name of Employee (Last, First, MI)

WSU ID #

Leave balances reported on last time/leave report

Time/Leave Report Month (MM/YYYY)

Annual Leave Balance

Sick Leave Balance

Have you used your personal holiday for this year? Yes No

B LEAVE REQUEST PERIOD

I am requesting full-time leave from ____/____/____ through ____/____/____

I am requesting to reduce my work schedule from # ____ hours to # ____ hours per day/week beginning ____/____/____ through ____/____/____

I am requesting an intermittent work schedule from ____/____/____ through ____/____/____ or other schedule as described below (describe):

C SUPPORTING DOCUMENTATION

If verification is required, please provide one of the following to Human Resource Services.

- A police report indicating that the employee was a victim of domestic violence, sexual assault, or stalking;
- A court order protecting or separating the employee from the perpetrator of the act of domestic violence, sexual assault, or stalking;
- Evidence from the court or prosecuting attorney that the employee appeared, or is scheduled to appear, in court in connection with an incident of domestic violence, sexual assault, or stalking;
- The employee's written statement that the employee is a victim of domestic violence, sexual assault, or stalking; and/or
- 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 the domestic violence, sexual assault, or stalking: An advocate for victims of domestic violence, sexual assault, or stalking; an attorney; a member of the clergy; or a medical or other professional.

D ANNOUNCEMENT OF SHARED LEAVE

If request is approved: I consent I DO NOT consent

To the publication of my name in WSU Today and WSU Announcements noting my need for Shared Leave donations.

E EMPLOYEE SIGNATURE

I understand it may be necessary for WSU representatives to share this information for purposes related to establishing eligibility for Shared Leave. I authorize WSU to share this information among appropriate staff and authorized representatives to the extent necessary to determine whether Shared Leave is necessary and to administer the Shared Leave process. I understand that information obtained under this release is a confidential medical record and is maintained separately from my personnel file.

I also certify that I meet all the requirements necessary for Shared Leave as defined in RCW§41.04.665.

By signing below I acknowledge that I have read and agree to the above.

Employee Signature

Date