

## STANWOOD-CAMANO SCHOOL DISTRICT REQUEST FOR LEAVE SHARING

Requesting Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Worksite: \_\_\_\_\_

Reason: (Include estimate of duration and attach doctor's statement)

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

Expected Amount of Leave Needed: \_\_\_\_\_

In accordance with Leave Sharing Policy 5406, I hereby request this transfer of leave and certify that:

1. Due to the aforementioned reason, I expect to go on leave without pay status;
2. I have depleted, or will shortly deplete my annual and sick leave;
3. I have abided by District rules regarding sick leave use;
4. I have diligently pursued and been found to be ineligible to receive industrial insurance benefits;  
and
5. The attached document provided by my physician substantiates the reason above and estimates the duration of leave requested.

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

***ACTION BY SUPERINTENDENT OR DESIGNEE:***

This request is \_\_\_ approved \_\_\_ disapproved for processing by the Payroll Officer.

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