

SHARED LEAVE PROGRAM PROCEDURE AND REQUEST FORM

Purpose of Shared Leave Program:

The purpose of the state leave sharing program is to permit Pierce College District employees who accrue vacation and/or sick leave to come to the aid of another Pierce College District employee, who accrues vacation and/or sick leave, who is likely to take leave without pay or terminate their employment as a result of the following reasons:

Reason 1 - The 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;

Reason 2 - The employee has been called to service in the uniformed services;

Reason 3 - A state of emergency has been declared anywhere within the United States by the federal or any state government and the employee has needed skills to assist in responding to the emergency or its aftermath and volunteers his or her services to either a governmental agency or to a nonprofit organization engaged in humanitarian relief in the devastated area, and the governmental agency or nonprofit organization accepts the employee's offer of volunteer services;

Reason 4 - The employee is a victim of domestic violence, sexual assault, or stalking;

Reason 5 - The employee needs the time for parental leave; or

Reason 6 - The employee is sick or temporarily disabled because of a pregnancy disability.

In addition to the items above, in order to receive Shared Leave, an employee must meet the following criteria:

- (1) The reasons listed above is likely to cause the employee to go on leave without pay status or terminate state employment.
- (2) The employee's absence and the use of shared leave are justified.
- (3) The employee has depleted or will shortly deplete their available paid leave as pertaining to the reason for the leave request:
 - a. Employees who qualify for shared leave under **Reason 1** must first use all compensatory time, recognition leave as described in [WAC 357-31-565](#), and personal holiday that they have accrued before using shared leave. **The employee is not required to deplete all of their accrued vacation leave and sick leave and can maintain up to forty (40) hours of vacation leave and forty (40) hours of sick leave;** or
 - b. Employees who qualify for shared leave under **Reason 2** must first use all of their compensatory time, recognition leave as described in [WAC 357-31-565](#), personal holiday, accrued vacation leave and paid military leave allowed under [RCW 38.40.060](#) before using shared leave. **The employee is not required to deplete all of their accrued vacation leave and paid military leave and can maintain up to forty (40) hours of vacation leave and forty (40) hours of military leave;** or
 - c. Employees who qualify for shared leave under **Reason 3** or **Reason 4** must first use all compensatory time, recognition leave as described in [WAC 357-31-565](#), personal holiday and vacation leave that they have accrued before using shared leave. **The employee is not required to deplete all of their accrued vacation leave and can maintain up to forty (40) hours of vacation;** or
 - d. Employees who qualify for shared leave under **Reason 5** and/or **Reason 6** must first use all accrued compensatory time, recognition leave as described in [WAC 357-31-565](#) and personal holiday before using shared leave. **The employee is not required to deplete all of their accrued vacation leave and sick leave and can maintain up to forty (40) hours of vacation leave and forty (40) hours of sick leave.**

The employee has abided by employer rules regarding:

- a. Sick leave use if the employee qualifies under Reason 1, 4, 5, 6; or
 - b. Military leave if the employee qualifies under Reason 2.
- (4) If the illness or injury is work-related, the employee has diligently pursued and been found to be ineligible for benefits under chapter [51.32](#) RCW if the employee qualifies under Reason 1.
- (5) An employee will not receive more than five hundred twenty-two (522) days of shared leave, except that, the Employer may authorize leave in excess of five hundred twenty-two (522) days in extraordinary circumstances for an employee qualifying for the program because he or she is suffering from an illness, injury, impairment or physical or mental condition which is of an extraordinary or severe nature. ([WAC 357-31-400](#))

The following is a list of acceptable documentation an employee seeking Shared Leave is required to submit in addition to the *Shared Leave Request Form*:

- (1) For employees seeking shared leave under **Reason 1**, please provide a completed ***Pierce College Shared Leave Medical Certificate (Page 5)*** from a licensed physician or healthcare practitioner verifying the severe or extraordinary nature and expected duration of the condition.
- (2) For employees seeking shared leave under **Reason 2**, please provide a copy of the military orders verifying the employee's required.
- (3) For employees seeking shared leave under **Reason 3**, please provide proof of acceptance of an employee's offer to volunteer for either a governmental agency or a nonprofit organization during a declared state of emergency.
- (4) For employees seeking shared leave under **Reason 4**, please provide one of the following:
 - (a) A police report indicating that the employee was a victim of domestic violence, sexual assault, or stalking;
 - (b) A court order protecting or separating the employee from the perpetrator of the act of domestic violence, sexual assault, or stalking;
 - (c) 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;
 - (d) An employee's written statement that the employee is a victim of domestic violence, sexual assault, or stalking; or
 - (e) 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.
- (5) For employees seeking shared leave under **Reason 5**, please provide one of the following:
 - (a) ***Pierce College Shared Leave Medical Certificate***;
 - (b) Birth Certificate;
 - (c) Post-partum discharge orders;
 - (d) Adoption certificate and/or decree; or
 - (e) Paperwork from foster care agency.
- (6) For employees seeking shared leave under **Reason 6**, please provide a completed ***Pierce College Shared Leave Medical Certificate*** or medical certification from a licensed physician or health care practitioner verifying that the employee has a pregnancy disability.

For purposes of the leave sharing program, the following definitions apply:

- A. "Domestic violence" means physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury, or assault, between family or household members as defined in [RCW 26.50.010](#); sexual assault of one family or household member by another family or household member; or stalking as defined in [RCW 9A.46.110](#) of one family or household member by another family or household member.
- B. "Employee" means any employee who is entitled to accrue sick leave or vacation leave and for whom accurate leave records are maintained.
- C. "Employee's relative" normally will be limited to the employee's spouse, state registered domestic partner as defined by [RCW 26.60.020](#) and [RCW 26.60.030](#), child, stepchild, grandchild, grandparent, or parent.
- D. "Household members" is defined as persons who reside in the same home who have reciprocal duties to and/or do provide financial support for one another. This term will include, but is not limited to, foster children and legal wards. The term does not include persons sharing the same general house when the living style is primarily that of a dormitory or commune.
- E. "Parental leave" means leave to bond and care for a newborn child after birth or to bond and care for a child after placement for adoption or foster care, for a period of up to sixteen weeks after the birth or placement.
- F. "Pregnancy disability" means a pregnancy-related medical condition or miscarriage.
- G. "Service in the uniformed services" means the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time national guard duty including state-ordered active duty, and a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty.
- H. "Severe" or "extraordinary" condition is defined as serious or extreme and/or life threatening.
- I. "Sexual assault" has the same meaning as in [RCW 70.125.030](#).
- J. "Stalking" has the same meaning as in [RCW 9A.46.110](#).
- K. "Uniformed services" means the armed forces, the army national guard, and the air national guard of any state, territory, commonwealth, possession, or district when engaged in active duty for training, inactive duty training, full-time national guard duty, or state active duty, the commissioned corps of the public health service, the coast guard, and any other category of persons designated by the President of the United States in time of war or national emergency.
- L. "Victim" means a person that domestic violence, sexual assault, or stalking has been committed against as defined in this Article.

SHARED LEAVE REQUEST FORM

Instructions: Complete the Shared Leave Request Form and submit, along with the necessary verification document(s) listed on page 2 above, to the Human Resources Office. Forms can be dropped off in person, sent via campus mail, securely faxed to (253) 964-7339, emailed to benefits@pierce.ctc.edu or mailed to Pierce College, Attn: Human Resources, 9401 Farwest Drive SW, Lakewood, WA 98498. Upon receipt of properly completed forms and supporting documentation, requests will be processed within 14 calendar days. (WPEA CBA Article 14.3(g))

For more information about Shared Leave, please see WPEA CBA Article 14 and Article 16 of the PCFT Negotiated Agreement.

| Section 1 – Completed by Employee | | | | |
|--|--|---|---------------------------------|--------------|
| Employee's Last Name, First, MI: (Please Print) | Division/Department: | EID | | |
| I wish to request Shared Leave in accordance with the Pierce College District Shared Leave Program because: | | | | |
| <input type="checkbox"/> | I suffer from, or have a relative or household member suffering from, an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature. | | | |
| <input type="checkbox"/> | I have been called to service in the uniformed services. | | | |
| <input type="checkbox"/> | I am volunteering my services to either a governmental agency or to a nonprofit organization engaged in humanitarian relief as a result of a "state of emergency" | | | |
| <input type="checkbox"/> | I am a victim of domestic violence, sexual assault or stalking. | | | |
| <input type="checkbox"/> | I am requesting time off for parental leave to bond and care for a newborn child or to bond and care for a child after placement for adoption or foster care. Note: Limited for a period of up to 16 weeks after the birth or placement. | | | |
| <input type="checkbox"/> | I am sick or temporarily disabled because of a pregnancy disability. | | | |
| Anticipated amount of Shared Leave needed in hours: | Date From: | Date To: | | |
| Is this request related to a job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your time-loss claim approved? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you previously been granted Shared leave at Pierce College and/or another state agency: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Section 2 – Employee Certification (Please initial next to each statement) | | | | |
| | I understand that I must have depleted or nearly depleted all vacation and sick leave balances, and comp time balances to be eligible for Shared Leave. | | | |
| | I understand that Pierce College may also consider other methods of accommodating my needs such as modified duty, modified hours, flex-time or special assignments in lieu of shared leave usage. | | | |
| | I understand that I must work with my supervisor to ensure that necessary leave slips are submitted during the duration of my leave. | | | |
| | If Faculty or Admin/Exempt, I understand that Shared Leave will not delay the use of FMLA. Though a paid leave, FMLA will run concurrent to the days I use Shared Leave. | | | |
| | I understand that if Shared Leave is not donated to me, I will be in a leave without pay status. | | | |
| | I understand any shared leave donated and not used by me will be returned back to the donating employee. | | | |
| | I understand any donated leave may only be used by me for approved Shared Leave qualifying reasons. | | | |
| Section 3 – Employee Signature | | | | |
| By my signature below, I certify the information I provided is true, accurate and complete. I also agree to comply with the Shared Leave Program rules and procedures. I request approval to participate in the Shared Leave Program for the reason selected above. My condition/situation will likely cause me, or has caused me, to take leave without pay or terminate my employment. My absence has depleted or will likely cause me to deplete all of my available leave. | | | | |
| Printed Name | Signature | Date Signed | | |
| Section 4 – For Human Resources Use Only | | | | |
| Supporting Documentation Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | Meets Eligibility Criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of Leave Needed? <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | Eligibility Start Date: | End Date: |
| Employee Type: <input type="checkbox"/> Classified <input type="checkbox"/> Administrative Exempt <input type="checkbox"/> FT Faculty <input type="checkbox"/> PT Faculty | | | CSL Balance: | VAC Balance: |
| Reviewed/Prepared By (Print Name) | Signature | Vice President for HR Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Vice President for HR Signature | |

SHARED LEAVE MEDICAL CERTIFICATION

If you or a relative/household member suffers from an extraordinary or severe illness, injury, impairment, or physical or mental condition, you are seeking parental leave or are sick or temporarily disabled due to a pregnancy disability, this form must be completed by your Health Care Provider. The completed form may be faxed securely to (253) 964-7339 or mailed to Pierce College, Attn: Human Resources, 9401 Farwest Drive SW, Lakewood, WA 98498

Section 1 – Completed by Employee

| | |
|---|----------------------|
| Employee's Last Name, First, MI: (Please Print) | Division/Department: |
|---|----------------------|

****If requesting shared leave to care for a relative or household member, please provide the following:**

| | |
|---------------|---------------------------|
| Patient Name: | Relationship to Employee: |
|---------------|---------------------------|

By signing below, I hereby authorize the release of information about my medical condition for the purposes of the Shared Leave Program to Pierce College Human Resources.

| | |
|---------------------|--------------|
| Employee Signature: | Date Signed: |
|---------------------|--------------|

Section 2 – Completed by Health Care Provider (HCP)

Per the Washington State Leave Sharing Program (see RCW §41.04.665), state employees who suffer from, or who have a relative or household member suffering from, an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature, or who are either pregnant and seeking parental leave or who are sick or temporarily disabled because of pregnancy disability may be eligible for shared leave. For purposes of the leave sharing program, "severe" or "extraordinary" condition is defined as serious or extreme and/or life threatening. "Pregnancy disability" means a pregnancy-related medical condition or miscarriage. The answers provided below should be based on your medical knowledge, experience, and examination of the patient.

1. Please describe the nature of the physical, mental condition, pregnancy status (include due date) or pregnancy disability and its effect on the employee's ability to perform their essential functions and/or ability to report to work.

2. In your medical opinion, is the physical or mental condition an extraordinary or severe illness, injury or impairment that you would consider serious, extreme, and/or life threatening? Yes No

3. Is the condition considered a pregnancy disability? Yes No N/A

4. Is the condition the result of an on-the-job illness or injury? Yes No

| | |
|--|--|
| Date Condition Commenced or Diagnosed: | Anticipated Duration/Estimated End Date: |
|--|--|

| | |
|---|----------------------|
| Health Care Provider Name and Title (Please Print): | Contact Phone Number |
|---|----------------------|

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|---------------------------------|--------------|
| Health Care Provider Signature: | Date Signed: |
|---------------------------------|--------------|

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.