

**WALLA WALLA COMMUNITY COLLEGE  
APPLICATION TO RECEIVE SHARED LEAVE  
FORM 5410F1**

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**PART 1 – TO BE COMPLETED BY EMPLOYEE**

I am submitting this application for Shared Leave because I have the following qualifying reason:

- I suffer from, or have a relative or household member suffering from, an illness, injury, or physical or mental condition that is of an extraordinary or severe nature.
- I have been called to service in the uniformed services.
- I am volunteering with a government agency or non-profit organization during a state of emergency in the United States declared by the federal or any state government to assist in responding to the emergency or its aftermath.
- I am a victim of domestic violence, sexual assault, or stalking as defined in RCW 41.04.655.
- I am temporarily disabled due to pregnancy disability or miscarriage.
- I am using parental leave to bond with my newborn, adoptive or foster child.

My absence is verified as necessary by a licensed medical or mental health provider, by military orders, by the government agency or non-profit organization accepting my offer of volunteer services, or by another credible source if my request is a result of domestic violence, sexual assault, or stalking. The necessary documentation has been attached to this application.

If approved, I would like an email to be sent to the campus community notifying them of my application and eligibility to receive shared leave. I understand the reason for my request will remain confidential.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SID #

\_\_\_\_\_  
NAME AND RELATIONSHIP OF PERSON FOR WHOM YOU PROVIDE CARE (IF APPLICABLE)

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**PART 2 – TO BE COMPLETED BY THE HUMAN RESOURCE DEPARTMENT**

This application has been reviewed. Other options have been considered to keep the employee in pay status, but are not feasible. The employee has followed the appropriate Walla Walla Community College leave procedures and is not receiving Labor and Industries (L&I) time loss or other disability payments. The reasons for this request are justified.

- This request for shared leave is approved through \_\_\_\_\_.
- This request for shared leave is approved conditionally as follows: \_\_\_\_\_.

\_\_\_\_\_  
VICE PRESIDENT OF HUMAN RESOURCES

\_\_\_\_\_  
DATE