

**REQUEST FOR LEAVE SHARING**

Requesting Employee: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Dates 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 or terminating my employment;*
2. *I have depleted, or will shortly deplete, my annual, sick, and floater leave;*
3. *I have abided by NWESD 189 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.*

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

(Employee)

**Action by Superintendent:**

This request is  approved  disapproved for processing by the Payroll Administrator.

\_\_\_\_\_  
(Superintendent)

\_\_\_\_\_  
Date

Date Received by Payroll Administrator: \_\_\_\_\_