



# Human Resources Department

205 N ALDER AVE  
GRANITE FALLS, WA 98252  
360-283-4309  
Fax Number: 360-691-4459

## MEDICAL DOCUMENTATION GRANITE FALLS SCHOOL DISTRICT SHARED LEAVE PROGRAM *Return to Human Resources*

*I hereby authorize you to release the information requested to Granite Falls School District.*

\_\_\_\_\_  
(Employee signature)

\_\_\_\_\_  
(Date)

To the physician or authorized health care practitioner of \_\_\_\_\_  
(Print name of employee, relative or household member)

\_\_\_\_\_, an employee with Granite Falls SD, has applied for shared leave donations from other employees of Granite Falls SD under the district's shared leave program. In order to receive shared leave, state law requires that condition creating the employee to apply for shared leave must be verified by a licensed physician or other authorized health care practitioner. The need for the employee to request shared leave must meet one or more of the follow conditions; the employee or thier immediate family member or household member is suffering from an extraordinary, severe illness or life threatening, injury, impairment, or physical or mental condition; an employee who is a victim of domestic violence, sexual assault, or stalking; an employee who is sick or temporarily disabled due to pregnancy disability or for the purpose of parental leave for the employee's newborn, adoptive or foster child; or an employee who has been called to service in the uniformed services, which has caused or is likely to cause the employee to take leave without pay or terminate his or her employment.

Please provide a short description of condition creating the request for shared leave:

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

Expected duration of this condition: \_\_\_\_\_

Can you verify that this is a condition meet the above mentioned criteria:      YES      NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of health care provider)

Name: \_\_\_\_\_  
(Print name of health care provider)

\_\_\_\_\_  
Address and phone number::