



Recipient's Application for Shared Leave

Part A. For completion by the Applicant

Name _____ Work Telephone _____

Department _____ Position _____

I requested shared leave because of a serious condition that prevents me from attending to my work, as follows:

I need leave from about the _____ day of _____ for the period as follows: _____

I have read and understand, or I have had an opportunity to read and understand, the Shared Leave Program policy, and I will comply with the policy. I understand and agree that I cannot lawfully use and will not use shared leave if any other form of payment for the period is available and that I cannot and will not accept shared leave except for such periods of time for which I would otherwise be unpaid. I understand that a completed University Shared Leave Program Certification of Attending Doctor form is required, and it is attached.

Signature _____ Date _____
(applicant or authorized representative)

Part B. For completion by the Supervisor

I am the applicant's Supervisor, and I acknowledge that I am aware of the applicant's request by this application and hereby certify that the applicant:

- Has an overall rating of at least demonstrating competence on the last performance evaluation on file,
- Has had no negative disciplinary actions during the last twelve months, and
- Is eligible for and can effectively use this leave, to the best of my knowledge and belief.

Based on this and any other knowledge of which I may be aware, I recommend this application:

be approved not be approved because _____

Signature _____ Date _____

Part C. For completion by the Director of Human Resources

I hereby certify that the applicant:

- Has an employee ID Number of _____,
- Has a University Service Date of _____,
- Has at least twelve consecutive months of regular employment immediately preceding today's date,
- Is a 12-month employee who holds a regular appointment, who accrues sick and annual leave, and
- Had _____ sick leave hours and _____ annual sick leave hours on the _____ day of _____.

I understand and agree that shared leave may only be used in lieu of and as a replacement for leave without pay when the applicant is unable to work because of the medical condition for which the shared leave is applied for and approved and that shared leave is paid the same as other paid leave. I will retain a copy of this form in the applicant's records.

Signature _____ Date _____

Part D. For completion by the Vice President for Business and Finance

The request for Shared Leave has been reviewed and the following action taken.

- Approved
- Not approved because _____

Signature _____ Date _____