



Shared Leave Request Form

To be completed by HR Manager or Employee Requesting Hours

Employee Name: _____

Date: _____

To the best of my knowledge, I meet the criteria outlined in the Shared Leave Policy for receiving donated leave as outlined below:

Conditions:

- I have completed my initial introductory or probationary period.
- I, or a member of my immediate family, is unable to work due to a serious health condition, or I need to care for a dependent with a serious health condition. A Certification from a Healthcare Provider is included with this request.
- I have (or will have) exhausted all my leave balances.
- I am not eligible to receive Worker’s Compensation benefits, unemployment benefits, state retirement pension or long-term disability insurance.
- I have not received more than 600 hours of donated leave during my employment.

Explanation of health condition: _____

Duration of Leave Expected: _____

	Yes	No
Recipient of Shared Leave would like their name be kept anonymous.	<input type="checkbox"/>	<input type="checkbox"/>
Recipient of Shared Leave would like the reason for the request be kept confidential.	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature (if available)

Return Form to Human Resources

Verification of Eligibility

To be Completed by Human Resources	Yes	No
Employee has completed initial introductory or probationary period?	<input type="checkbox"/>	<input type="checkbox"/>
Employee, or a member of his/her immediate family, is unable to work due to a serious health condition, or needs to care for a dependent with a serious health condition. Employee provided a Certification from a Health Care Provider?	<input type="checkbox"/>	<input type="checkbox"/>
Employee has exhausted all leave balances?	<input type="checkbox"/>	<input type="checkbox"/>
Employee is not eligible to receive Worker’s Compensation benefits, unemployment benefits, state retirement pension, or long-term disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Employee has not received more than 600 hours of shared leave during employment?	<input type="checkbox"/>	<input type="checkbox"/>
Employee is entitled to receive shared leave for this illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>

HR Authorization Signature

Date