



SHARED LEAVE POOL REQUEST FORM

PERSONAL INFORMATION:

Employee Name: _____ CLID: _____

Employee Address: _____

Home Phone: _____ Work Phone: _____

Department: _____ Supervisor Name: _____

SHARED LEAVE REQUEST:

I am requesting _____ hours of Shared Leave to cover the following time frame:

Leave Start Date

Leave End Date

ATTESTATION:

I attest that I have a Personal Emergency that may qualify me for Shared Leave as outlined in the Shared Leave Policy. I have attached my Family Medical Leave Act ("FMLA") and/or my Shared Leave documentation which must include a physician's certificate which provides information regarding the following: (1) my, my spouse's, or my minor child's condition, (2) the nature of the illness/injury, (3) the relevant medical history, (4) the type of treatment prescribed, (5) the prognosis, and (6) my ability to return to work. I understand that, if approved, I am limited to taking thirty (30) days or two hundred forty (240) hours of Shared Leave per calendar year. I further understand that I will not accrue any Sick, Annual, or Compensatory leave while receiving Shared Leave.

Employee Signature

Date

This Shared Leave request form and all requisite documentation must be submitted to the Chief Human Resources Officer, Martin Hall, Room 170. Requests should be made at least ten (10) days before (when possible).

*******For Office Use Only*******

Approved / Denied: _____

Shared Leave Committee

_____ Date

Total hours requested: _____ Total hours approved: _____