



## Request to Receive Shared Leave

**The Intent of the Voluntary Leave Policy is to allow one employee to assist another in case of a prolonged medical condition that results in exhaustion of all earned leave.**

### **Recipient Eligibility requirements:**

In order to receive Voluntary Shared Leave, an employee must have complied with existing leave rules and:

- Be full-time or part-time with a regular, probationary, trainee or time limited appointment.
- Have a prolonged medical condition (or a member of the employee's immediate family has a medical condition that requires the employee's absence for a prolonged period ), and must be out of work for 20 consecutive days and exhausted all available leave including sick, bonus, and vacation .
- Apply for, or be nominated to become a recipient.
- Must provide physician certification to support the need for leave beyond the available accumulated leave.

Recipient Name:

Banner:

Department:

Home Address:

City/State/Zip:

Home Phone:

Work Phone:

Date medical condition(s) begin:

Expected duration of condition:

Medical condition is for employee:

or Immediate Family:

If for family member, what is relationship to employee?

### **Employee's Authorization**

I have requested or have been nominated to receive leave under the provisions of the Voluntary Shared leave Policy, and hereby authorize the agency to disclose my need for donated leave. I further understand that my medical condition will not be shared.

I understand that if no donations are received, I may be placed on leave without pay and be responsible for pay back of leave time taken if no leave is donated. I acknowledge that shared leave may only be applied after I have exhausted all leave and have been out for 20 consecutive days.

Employee Signature:

Date:

### **Supervisor acknowledgement of Shared Leave request**

Signature:

Date: