



**VOLUNTARY SHARED LEAVE
REQUEST FORM**

DEPARTMENT OF HUMAN RESOURCES

SECTION A: EMPLOYEE INFORMATION

First Name _____ Middle Initial _____ Last Name _____ Banner ID: _____
Employee Title _____ Department _____
Classification _____EHRA _____SHRA Email _____
Work Phone Number _____ Home Phone Number _____
Leave to Begin _____ Leave to End _____

I understand that I am applying to receive leave transferred from another employee's account and that my name may be known in order to process my request. If approved, any donated leave will be done on a strictly voluntary basis. I understand that if no donations are received, I may be placed on leave without pay. I also understand that I am responsible for pay back of leave time taken if no leave is donated. I understand that Shared Leave may only be applied after I have exhausted all of my available leave, including annual, sick, compensatory, and bonus leave.

Signature _____ Date _____

I agree for my name to be used in soliciting leave. I understand that my medical condition will NOT be shared. I also agree to submit monthly reports from my attending physician. I further understand that I am prohibited from asking fellow employees for shared leave. **YES NO** If no, then your advertisement will list you as "Anonymous" by your department name.

SECTION B: DEPARTMENTAL ACKNOWLEDGEMENT

Department Contact / Supervisor _____ Email _____
Phone Number _____ Fax Number _____

Employee's Last Date Worked _

Signature _____ Date _____

Submit the completed form to the Department of Human Resources – Leave Administration Unit