

Application for Shared Leave – University of Oklahoma Shared Leave Program

To the Shared Leave Committee, c/o Shared Leave Administrator, Human Resources:

Part A. For completion by the Applicant

Name _____ Telephone _____

Department _____ Position _____

I request shared leave because of my medical 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 promise to 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 Applicant's Payroll Representative/Coordinator

I am the applicant's payroll representative/coordinator, and 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 employment immediately preceding today's date,
- Is a 12-month benefits-eligible faculty or staff employee who accrues paid leave, and
- Had ___ paid leave hours and ___ extended 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 and is charged to the Shared Leave Committee's account. I will retain a copy of this form in the applicant's records.

Signature _____ Date _____

Part C. For completion by the Applicant's Budget Unit Head

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

- Has a current satisfactory performance evaluation on file,
- Has had no positive 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 _____