APPALACHIAN STATE UNIVERSITY

# HUMAN RESOURCES
## VOLUNTARY SHARED LEAVE REQUEST

| SECTION 1 - EMPLOYEE | |
|---|---|
| Name: | Banner ID: |
| Department: | Email Address: |

| Work Phone: | Home Phone: | Cell Phone: |
|---|---|---|

| Position: | Hours Worked: |
|---|---|

☐ Permanent Full Time ☐ Permanent Part Time ☐ SHRA ☐ EHRA

Medical Condition:

I understand I am applying to receive Leave transferred from another employee's account. I understand that once I become eligible (meaning that I have received all required approvals and that all forms of my Leave have been exhausted to approximately 40 hours), my Shared Leave Request will be posted by HRS through campus wide e-mail announcement to all faculty and staff employees for a period of 2 weeks. Donations of Leave can only be made to me during this 2-week time frame.

I understand that I cannot personally solicit Leave donations from other employees or co-workers and any Leave donated to me will be on a strictly voluntary basis. I understand that I can use Shared Leave only after all other forms of my Leave are exhausted and not to extend beyond my 12-week FMLA designation. If I receive no donated Leave or not enough Leave to cover my entire absence, I will be placed on <u>Leave Without Pay</u> until my return to work. If I receive more Shared Leave than I need, Leave overage will be returned to donors on a pro-rated based. I will, however, be allowed to bank 40 Sick Leave hours.

Employee Signature:                                              Date:

☐ I **agree** for my name to be used in soliciting leave by email to ASU.

Employee Signature:                                              Date:

☐ I **do not** agree to my name being used in soliciting leave by e-mail to ASU. I only agree to my immediate family donating shared leave to my account.

Employee Signature:                                              Date:

| SECTION 2 – DEPARTMENTAL ACKNOWLEDGEMENT |
|---|
| ☐ Acknowledgement<br><br>Comments:<br><br><br>Supervisor Acknowledgement Signature:                          Date: |

| SECTION 3 – LEAVE MANAGEMENT ADMINISTRATOR APPROVAL |
|---|
| ☐ Approved ☐ Disapproved Comments:<br><br><br><br>Signature:                          Date: |

| SECTION 4 – HUMAN RESOURCE SERVICES DIRECTOR OR DESIGNEE APPROVAL |
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| ☐ Approved ☐ Disapproved Comments:<br><br><br>Signature:                          Date: |

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