

WHITMAN COLLEGE
 SHARED LEAVE PLAN
 REQUEST FOR USAGE OF SHARED LEAVE

Submit to Human Resources

Recipient must be appointed to at least 60% of full time (1250 hours per year) and have completed 12 months of service as a regular staff member.

Recipient must be eligible for sick leave as defined in the Staff Handbook and have used all available sick leave and vacation accrual.

The recipient's usage of shared leave cannot exceed 160 hours in any five year period. A "rolling" five year period is measured backward from the date an employee requests any shared leave.

Medical certification of a serious illness or injury may be required. The certification must verify the severity of the condition and the expected duration.

Adequate donated hours must be available in the Shared Leave Pool.

All requests for Shared Leave Plan usage are kept confidential.

I, _____ request _____ hours of
 (name)
 shared leave. I anticipate I will be able to return to work _____ .
 date

Employee (Recipient) Signature _____

Date _____

HR USE ONLY

Received By: _____ Date: _____

Employee FTE: _____ D.O.H.: _____

Approved: YES NO

HR Representative Signature: _____