



**WILLAMETTE UNIVERSITY**

**Shared Leave Request Form**

Name \_\_\_\_\_

Department \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Person Disabled, if not the Employee: \_\_\_\_\_

Relationship to the Employee: \_\_\_\_\_

Provide a brief description of the nature, severity and anticipated duration of your personal or family medical hardship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be eligible, the employee or an immediate family member must be suffering from a catastrophic and/or debilitating illness or injury which necessitates the employee's prolonged absence from work and for which the employee has no availability of paid leave.

I certify that I meet all of the requirements as stated above, and I have read and understand the rules listed on the back of this form. I have attached a certificate from a physician or licensed health care provider which describes the illness or injury and the duration of leave needed.

I understand that if this request for Shared Leave is approved, payments are subject to all applicable taxes and will be processed through the regular payroll process.

\_\_\_\_\_  
Employee or Employee's Representative

\_\_\_\_\_  
Date

**HUMAN RESOURCES/PAYROLL USE ONLY:**

I have reviewed the request in consultation with the employee's supervisor and VP/Dean and, to the best of my knowledge, this employee has met the eligibility requirements to receive contributions under the guidelines of the Shared Leave Program. Shared Leave hours transferred to member's sick leave account: \_\_\_\_\_ hours

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date



**WILLAMETTE UNIVERSITY  
SHARED LEAVE PROGRAM**

Recipient Eligibility Criteria

1. Recipient or immediate family member must be suffering from a catastrophic health condition or injury which necessitates the employee's prolonged absence from work and for which the employee has no availability of paid leave.
2. Completed at least two years of service with the University.
3. Be in a position that accrues vacation and sick leave.
4. Have exhausted all accrued paid leave including vacation and sick leave.
5. Are not receiving Worker's Compensation payments or Long Term Disability benefits. Donations will not be approved in excess of the recipients Long Term Disability waiting period, or 90 days if the illness or injury is not covered by Long Term Disability insurance benefits.
6. Must produce acceptable medical verification from a physician or other licensed health care provider indicating the nature, severity and anticipated duration of the disability.
7. Must be an employee in good standing with no record of excessive absenteeism or leave abuse.
8. All benefits of a leave recipient continue to accrue while using donated leave time.
9. All donated leave credited to and used by the recipient is treated as taxable income, and is subject to all applicable taxes.
10. Any donated leave may only be used by the recipient for the purposes specified within this policy and is not payable in cash.