

Application for Shared Leave – Southern Nazarene University Shared Leave Program

Part A - To be completed by the Applicant			
Applicant Name:		Daytime Phone #:	
Department:		Job title:	
Supervisor Name:		Regular Work Schedule:	
My absence(s) requiring shared leave will be (choose one) <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent** **Continuous Leave request refers to scheduled leave on consecutive days (ex: Monday through Friday). Intermittent Leave request refers to scheduling leave on non-consecutive days or times (ex: Monday and Thursday, or 1 to 2 days per week).			
LEAVE SCHEDULE I am requesting leave according to the following schedule:			
Start Date	End Date	Days of the Week/# of Days per Week	Times
ELIGIBILITY I attest I have met the following eligibility requirements:			
<ul style="list-style-type: none"> My position is a 12-month position I accrue paid sick leave I have used all my available vacation, sick, and personal leave I have been continuously employed for at least 12 full months I am seeking leave for my own, my spouse's, my child(ren)'s or my parent's medical emergency condition I have submitted a Certification of Health Care Provider for the medical condition to Human Resources In the last 12 months, I have had a satisfactory performance evaluation, I have no disciplinary actions on file, and I have not abused or misused sick leave I am not in an off-work status due to Workers' Compensation 			
<i>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>			
Applicant Signature:			Date:

APPLICANT: PLEASE FORWARD TO THE DIRECTOR OF HUMAN RESOURCES

Part B - To be completed by the Applicant's immediate supervisor/manager	
Supervisor Name:	Phone #:
I am the applicant's immediate supervisor, and I acknowledge that I am aware of the applicant's request by this application. I certify that in the last 12 months, the applicant: 1) Has had a satisfactory performance evaluation 2) Has no disciplinary actions on file; 3) Has not abused or misused sick leave. Based on this and any other knowledge of which I may be aware, I recommend this application:	
<input type="checkbox"/> Be Approved <input type="checkbox"/> Not Be Approved (Attach explanation)	
I understand that shared leave may only be used 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 runs concurrently with FMLA.	
Supervisor Signature:	Date:

SUPERVISOR: PLEASE FORWARD TO YOUR VICE PRESIDENT

Part C - To be completed by the Applicant's Divisional Vice President

Vice President Name:

Phone #:

I **approve** **do not approve** the Applicant's shared leave request.

Vice President Signature:

Date:

VICE PRESIDENT: PLEASE FORWARD TO THE DIRECTOR OF HUMAN RESOURCES

Part D - To be completed by Director of Human Resources

HR Director Name:

The Applicant's shared leave request is **approved** **denied**.

If approved, the number of hours approved is: _____

HR Director Signature:

Date: