

STATE OF KANSAS
SHARED LEAVE PROGRAM
Wichita State University
Shared Leave Request Form

When completing form please write legibly and be clear and thorough with explanations. A Certification of Health Care Form must also be completed for each new request or request to extend shared leave.

7 R E H F R P S O H W H G E \ H P S O R \ H H R U H P S O R \ H H \ V U H S U H V H Q W D W L Y H

Name: _____ Employee/WSU ID # _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Department Name: _____

6 X S H U Y L V R U \ V 1 D P H Extension: _____

Date of Employment: _____ Request is for: Self _____ Family Member _____

Name of Family Member and explanation of relationship (please include age if child): _____

Date illness/injury began: _____ Anticipated duration: _____

Estimate number of hours requested: _____ Date all leave will be exhausted: _____

Last day of work: _____

Shared leave will only be granted for serious, extreme or life-threatening illnesses, injuries, impairments or physical or mental conditions which have caused, or are likely to cause the employee to take leave without pay or terminate employment... Shared leave will not be granted for common or minor illnesses, injuries, impairments or physical or mental conditions.

Describe and provide any necessary information that would help in concluding that the illness, injury, impairment or physical or mental condition is serious, extreme, or life threatening:

Is this a work-related injury? _____

\$ U H \ R X F X U U H Q W O \ U H F H L Y L Q J : R U N H U \ V & R P S H Q V D W

Are you currently receiving Long-Term Disability? _____

+ D Y H \ R X D S S O L H G I R U : R U N H U \ V & R P S H Q V D W

Have you applied for Long-Term Disability? _____ Date applied: _____

\$ Q H P S O R \ H H U H F H L Y L Q J : R U N H U \ V & R P S H Q V D W

I certify that I understand, agree to and meet the requirements and conditions of the shared leave program as authorized in WSU policy. I authorize the appointing authority to obtain any necessary information regarding my request for shared leave and that information with the Shared Leave Committee. I understand that this application is not subject to appeal and declare under penalty of perjury that the foregoing is true and correct. Executed on date below.

(P S O R \ H H \ V U H S U H V H Q W D W L Y H