

**Pittsburg State University
State of Kansas Shared Leave Request Form**

Employee Name: _____ Department: _____

To be completed by the employee or the employee's representative

Request is for: _____ Self _____ Family Member

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

Date Illness/Injury Began: _____ Anticipated Duration: _____

Estimate of number of hours requested: _____

Date all paid leave will be/was exhausted: _____

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. To be eligible for consideration, an employee must not have a history of leave abuse within the last year.

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

Are you currently receiving Worker's Compensation? _____

Are you currently receiving Long-Term Disability Payments? _____ Date Applied? _____

Have you applied for Worker's Compensation? _____

Have you applied for Long-Term Disability Payments? _____ Date Applied? _____

I certify that I understand, agree to and meet the requirement and conditions of the shared leave program as authorized in K.A.R. 1-9-23. I authorize the appointing authority to obtain any necessary information regarding my request for shared leave and to share the information with the Shared Leave Committee. I understand that denial of this application is not subject to appeal to the Civil Service Board.

Employee Signature

Date

Return to HRS, 204 Russ Hall