



Application for Shared Leave – University of Oklahoma Shared Leave Program
Return to the Shared Leave Committee - ATTN: Shared Leave Coordinator, Human Resources

Part A - To be completed by the Applicant			
Name:		Telephone:	
Department:		Job title:	
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).			
I need leave for the following dates and times:			
Dates	Times	Dates	Times
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 understand that a completed University Shared Leave Program Certification of Attending Doctor form, job description form is required and has been sent to HR Administration.			
→ Signature:		Date:	

Part B - To be completed by the applicant's departmental payroll representative.		
Applicant's Employee ID Number:		University Service Date:
Applicant's Paid Leave Hours:	Applicant's Extended Leave Hours:	Hours as of Date:
Employee's job title:	Regular work schedule	
I am the applicant's payroll representative and I certify that the applicant has at least twelve consecutive months of employment immediately preceding today's date and the applicant is a 12-month benefits-eligible employee who accrues paid leave. 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 is charged to the Shared Leave Committee's account. I will retain a copy of this form in the applicant's records.		
→ Signature:		Printed Name:
		Date:

Part C - To be completed by the applicant's departmental budget unit head		
I am the applicant's budget unit head, and I acknowledge that I am aware of the applicant's request by this application and certify that the applicant: 1) Meets normal work requirements or performs beyond the normal work requirements as indicated on the current Staff Performance Evaluation Summary Report; 2) Has had no Positive Disciplinary Actions during the last twelve months and; 3) Is eligible for and can effectively use this leave, to the best of my knowledge and belief. 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 Because (Attach document with explanation if needed)		
→ Signature:		Printed Name:
		Date:

For Human Resources Use

Approved ____ Yes ____ No Number of hours approved: _____

HR Shared Leave Coordinator initials _____ Date _____